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FOR THE

MEDICAL DEPARTMENT

OF

HER MAJESTY'S ARMY.

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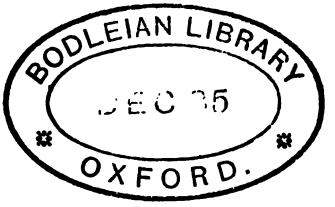

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" III.—General Duties.
" IV.—The Medical Staff Corps.

SECTION I.—CONSTITUTION.

I.—Director-General.
II.—Administrative Officers.
III.—Executive Officers.
IV.—Examination.

I.—DIRECTOR-GENERAL.

Director-General.

1. The Director-General is the responsible Head of the Department.

Administrative medical officers at head-quarters.

2. He will be assisted at the office of the Army Medical Department by two administrative officers, who will conduct—

(a) The Medical Branch.

(b) The Sanitary and Statistical Branch.

Their duties.

3. These officers will preside at Medical Boards, and will make inspections of hospitals, barracks, camps, &c., when deemed necessary by the Director-General.

II.—ADMINISTRATIVE OFFICERS.

Administrative officers of the department.

4. The Administrative officers of the Medical Staff are—

(a) Surgeons-General;

(b) Deputy Surgeons-General.

III.—EXECUTIVE OFFICERS.

Executive officers.

5. The Executive officers are—
(a) Brigade Surgeons.
(b) Surgeons-Major.
(c) Surgeons.
(d) Quartermasters.

IV.—EXAMINATION.

Examination of Medical Officers.

6. The rules for the examination of Medical Officers are laid down in Appendix No. 1 of these Regulations.

SECTION II.—DISTRIBUTION.

---

7. The officers of the Medical Staff will, subject to the supreme command of the Officer Commanding-in-Chief, be detailed for duty by the Director-General, in Commands and Districts, and will be under the control of the Principal Medical Officers thereof, both for discipline and professional supervision. **Medical officers detailed for duty by Director-General.**

8. They will not be removed from Commands or Districts without the previous sanction of the Director-General, unless under exceptional circumstances. **Removal of officers by Director-General.**

9. They will be employed in general, station, or field hospitals, and with troops in barracks or in the field; and also on all such special duties in camp and quarters as the Director-General may decide. **How to be employed.**

10. A roster of the medical officers on duty at home will be kept in the office of the Director-General, and, as a general rule, those officers who have been for the longest period at home will be the first to proceed abroad. But in the appointment of Principal Medical Officer the amplest discretion is vested in the Director-General to select for each district and command, the officer who he may consider from experience and character likely best to discharge any peculiar duties which may attach to the medical administration of the particular station. **Roster at home, and selection of Principal Medical Officers.**

11. A roster will also be kept at all foreign stations in the office of the Principal Medical Officer, showing the dates of the arrival of medical officers in the command. **Roster at foreign stations.**

12. The period of foreign service, reckoning from the date of embarkation at home, will be three years for stations in the West India, Bermuda, China, Ceylon, and Mauritius commands, and five years for all others, unless such period be incompatible with the interests of the public service. **Period of foreign service.**

13. The conditions of service on the West Coast of Africa are special, and do not come under these rules. **West Coast of Africa.**

14. Exchanges between officers of the Medical Staff at home and foreign stations will be permitted; no stoppage of pay will be enforced in respect of such exchanges, except as provided in paragraph 16, and provided *that no expense be entailed* on the public. **Exchanges between medical officers.**

Exchanges in India.

15. Exchanges in India will be allowed on the understanding that both officers are in the same Presidency; exchanges will also be allowed between an officer on the Indian Establishment, who is on leave in England, and any other officer of the same rank in this country. G.O.43,

Forfeiture of pay.

16. Medical officers serving in India wishing to exchange to England will be required to forfeit their pay for the interval between their departure and their successors' arrival.

Exchanges at home.

17. Except under special circumstances, exchanges between medical officers serving in the United Kingdom will not be permitted, unless the officers have been at least two years at their respective stations. Cl. 129, A.C. 18

Appointments by Director-General.

18. The Director-General will nominate medical officers for the following appointments :—

(*a*) Principal Medical Officer.
(*b*). The Charge of General, Station, Field Hospitals, and Hospital Ships.
(*c*) The Command of Bearer Companies.
(*d*) The Charge of Female Hospitals, including charge of General Staff, officers, and their families; also the wives and children of soldiers.
(*e*) Sanitary Officer.
(*f*) Examiner of Recruits.

Nominations by Principal Medical Officers.

19. Principal Medical Officers will nominate to all other duties (forwarding a detail of all appointments to the Director-General), except in cases where the Director-General himself nominates the whole or part of the staff for a general or station hospital.

Sanitary officer.

20. Where a special Sanitary Medical Officer is not appointed, the Principal Medical Officer, or the Senior Medical Officer present, will act as such.

Medical officers temporarily detached.

21. Medical officers temporarily detached from their commands or districts, on special duty, will return thereto on the completion of the special duty.

Moving with regiments.

22. When a regiment moves from one district to another, a medical officer will, if necessary, to accompany it, and on completion of the duty will return to his own district.

Monthly Return from Districts.

23. Principal Medical Officers will furnish to the Director-General, monthly, the General Return of the Department in their districts (Army Form C 340).

SECTION III.—GENERAL DUTIES.

I.—Duties of Administrative Medical Officers.
II.—Duties of Medical Officers doing duty with Troops.
III.—Duties of Medical Officers in charge of Troops on board ship, and Medical Equipment of Troopships.
IV.—Duties of Medical Officers doing duty in Hospitals.
V.—Duties of Orderly Medical Officers.
VI.—Duties of Surgeons on Probation.
VII.—Duties of Medical Officers in command of Detachments Medical Staff Corps.
VIII.—Duties of Quartermasters—
I.—In Districts and Commands.
II.—Attached to Hospitals and Bearer Companies.
IX.—Duties of Nursing Sisters attached to Hospitals.

I.—DUTIES OF ADMINISTRATIVE MEDICAL OFFICERS.

Position of administrative medical officer.

24. All Administrative Medical Officers appointed to districts and commands, or with troops in the field, will be on the Staff of the Army.

Command of hospital establishments.

25. Administrative medical officers will, under General Officers Commanding, have command of all officers of the Medical Staff, warrant officers, non-commissioned officers, and men of the Medical Staff Corps, also of men of the Reserve and others doing duty in hospitals, as well as control of civilian surgeons and female nurses attached to hospitals serving under them; and will have medical supervision and superintendence of all hospital establishments in districts and commands, and with troops in the field; they will likewise have direct medical charge of general hospitals.

Responsibility for medical arrangements.

26. They will be responsible for all medical arrangements and sanitary duties, and for the administration of all hospitals within their districts, or connected with any force in the field, *to which they* may be appointed.

For distribution of officers, &c.

27. They will be responsible for the distribution and employment of all medical officers serving under them, and for the distribution and employment of the division or detachment of the Medical Staff Corps in their districts.

Accounting Officers.

28. They are the Accounting Officers for the clothing and equipment (Equipment Ledger, Army Book 239) of the men of the Medical Staff Corps serving in their districts, with the exception of Aldershot. P.C M.S. 688

Inspection of stations and camps.

29. They will, unless specially instructed to the contrary, make inspections of all stations and camps where troops are quartered throughout their districts once a year on foreign stations, and twice a year at home, as well as at such other times as the Director-General may appoint.

Intimation of inspections.

30. They will, in accordance with Section XV, paragraph 19 (*a*), Queen's Regulations and Orders for the Army, submit, for the approval of the General Officer Commanding, the dates of their proposed inspection of any station for publication in Divisional Orders. G.O., 188

Inspection of barracks.

31. They will inspect all barrack buildings occupied by troops, all subsidiary buildings attached thereto, and garrison and other cells in their districts, to ascertain if they are in good sanitary condition, and if everything necessary for the health of the troops is supplied.

Sanitary defects.

32. They will note all sanitary defects in buildings and their surroundings, distinguishing whether such arise from—

(*a*) Neglect of conservancy;
(*b*) Want of repair;
(*c*) Original structural defects.

The two first can usually be dealt with locally, but the latter will be specially reported to the General Officer Commanding.

Sanitary arrangements.

33. They will fully ascertain—

(*a*) That the conservancy arrangements are satisfactory and carefully attended to;
(*b*) That the ventilation, lighting, and warming of all quarters occupied are good, and that there is no overcrowding;
(*c*) That the means of ablution and cleanliness are sufficient, and are made use of by the men;
(*d*) That the water supply is good and abundant and perfectly protected from pollution;
(*e*) That the rations are good, and that the means of cooking are sufficient and satisfactory;
(*f*) That the duties and employments of the troops are such as are not likely to prove injurious to health; and

(*g*) That recreation-rooms (where admissible), games, and gymnastic exercises are provided and attended by the men, without risk to health.

34. They will make any recommendation, either verbally or in writing, to Officers Commanding stations or corps, or to medical officers in charge, that may be considered necessary for preserving the health of the troops or for the mitigation or prevention of disease. Recommendations to Commanding Officers and medical officers.

35. They will inspect the medicines, instruments, and appliances in charge of medical officers doing duty with corps. Inspection of medical equipment with corps.

36. They will make a thorough inspection of all hospital establishments in their districts twice a year at home, and once a year on foreign stations (unless specially instructed to the contrary), so as to ascertain that they are in a good sanitary condition, conducted in conformity with existing regulations, and that everything necessary for the care and treatment of the sick is supplied; they will, in addition, make frequent visits to hospitals in their immediate vicinity, and give advice in the treatment of serious cases. Inspection of hospitals.

37. They will ascertain that the hospital accommodation is sufficient for the requirements of the station, that the vicinity of the hospitals and enclosures is in a good sanitary condition, that the buildings and out-offices are in good repair, and that the conservancy arrangements are satisfactory and carefully attended to. To ascertain sanitary condition of hospitals.

38. They will ascertain that all mortuaries are clean and well ventilated, supplied with the necessary fittings and appliances, and that there are suitable arrangements for the burial of the dead. Mortuaries.

39. They will ascertain that the water supply is pure and abundant, and sufficient for all the requirements of a hospital, that due attention is paid to the cleanliness, ventilation, warming, and lighting of the wards, and that the lavatories, bath-rooms, and water-closets are kept in proper order. Water supply, ventilation, &c.

40. They will see that all articles of diet and extras are of good quality, that the supplies are procured without difficulty or delay, and that the necessary returns and vouchers connected with their expenditure are accurately kept; also that the kitchen arrangements are good and sufficient; that the cooks are properly trained and skilful in the preparation of diet and extras, and that all such are distributed and administered according to regulation and the wants of the sick. Hospital diets and extras.

41. They will ascertain *that* the hospital furniture, Hospital equipment,

medical and surgical supplies.

utensils, and equipment of every kind are supplied according to regulation and kept in a serviceable condition; also that the medical stores and surgical instruments are according to the authorised scale and in good condition; that the supplies of medicines and appliances are sufficient, but not in excess, that they are properly cared for, used with the necessary economy, and that drugs of a poisonous character as enumerated in paragraph 900 are in safe keeping, under lock and key. They will also compare the outdoor prescriptions as copied into the book (Army Book 39) with the prescriptions filed by the compounder, and satisfy themselves that medicines and materials have been properly issued and accounted for.

General medical stores.

42. They will, at stations where General Medical Stores exist, ascertain that suitable provision has been made for the preservation and safe custody of such stores, and that they are conducted by the officer in charge according to instructions contained in Part 4, Section III, of these regulations; also that the yearly or half-yearly Boards of Survey duly verify the returns of such stores.

Inspection of Medical Staff Corps, &c.

43. They will make a minute inspection of each detachment of the Medical Staff Corps, satisfying themselves that the warrant officers and non-commissioned officers are competent and trustworthy; that the privates are thoroughly trained and efficient, both in hospital duties and in stretcher drill, and that due discipline is maintained in the hospital; also that their clothing and equipments are complete in every respect; that all are in possession of the "Manual for the Medical Staff Corps," and that the books, records, and personal documents of the men are correctly and regularly kept up in accordance with instructions contained in Part I, Section III (VII), of these regulations.

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Inspection of hospital records, &c.

44. They will examine and compare the medical, statistical, sanitary, and all other hospital records, to see that they are correctly kept; particularly that the medical history sheets are carefully attended to, and the entries as to vaccination and revaccination duly made; and will ascertain that all cases of interest, as well as all in which extras (except "diet drinks") have been given, with the reason for giving the same, have been fully recorded in the Case Books (Army Book 187).

Books, &c., to be in possession of medical officers.

45. They will ascertain that each medical officer has in his personal possession the following books and instruments:—

Queen's Regulations and Orders for the Army (latest edition).

Medical Regulations.

Manual for the Medical Staff Corps.
Manual of Infantry Field Exercises.
Nomenclature of Diseases.
Ophthalmic Manual.
Regulation pocket case of surgeon's instruments (Appendix 18).

Books in hospital charge.

46. They will ascertain that the following books, &c., are on charge, as part of the hospital equipment :—

Queen's Regulations and Orders for the Army (latest edition).
Medical Regulations.
Nomenclature of Diseases.
Manual of Military Law, 1884.
British Pharmacopœia.
Snellen's test types.
Test dot cards.
Hospital Ready Reckoner. (Army Book 9.)
Priced Vocabulary of Stores (Sec. VI only).
Army Medical Reports—commencing 1874.
Standard steel measuring tape.

Excessive mortality and disease.

47. They will ascertain if there has been any excessive amount of disease or mortality among the troops; and if any epidemic, infectious, or contagious form of disease has appeared in the station or broken out in hospital what measures were taken for its prevention and mitigation.

Instructions and orders to officers and men

48. They will issue to medical officers, either verbally or in writing, any instructions that may be deemed necessary, either in connection with hospital administration or for the welfare of the sick; and will be careful that all orders and regulations promulgated and circulated in their districts are duly communicated to the officers and men concerned.

Instruction of Junior Medical officers.

49. They will ascertain and report whether junior Medical Officers attached to hospitals have had opportunities afforded them of acquiring a practical knowledge of the various duties in connection with command, interior economy, and training of the Medical Staff Corps, and the charge and management of hospitals.

Report on Army Form C 336.

50. Administrative medical officers, when they have completed their inspection of barracks and hospitals, will report the result immediately to the Director-General, on Army Form C 336. No other documents will accompany this report.

Sanitary recommendations and quarterly report.

51. They will submit all sanitary or other suggestions and recommendations connected with the health of the troops in writing to the General Officer Commanding the district, and forward copies of the same to the Director-General with their next quarterly sanitary report. (Army Form C 344.)

Reference of local matters to Director-General.

52. They will give their opinion on all matters referred to them by the local military authorities, and only in case of positive difficulty or doubt will they refer local questions to the Director-General.

Submission of questions for decision of Director-General.

53. In submitting the proceedings of boards or any question or recommendation for the decision of the Director-General, they will invariably forward their own opinion thereon, with the rest of the correspondence.

Requisitions for forms and stationery.

54. They will make periodical requisitions on the War Office, according to instructions laid down in Army Circulars, for supplies of Army Forms and Books on Army Form L 1355, necessary for every medical requirement, and for the Medical Staff Corps within their district or command; also in like manner for stationery on Army Form L 1378. They will issue these supplies to the hospitals and individuals concerned, and will check the expenditure thereof. Supplementary requisitions will be made on Army Forms L 1350, L 1381, and L 1383, but all intermediate requisitions will be avoided as much as possible.

II.—DUTIES OF MEDICAL OFFICERS DOING DUTY WITH TROOPS.

Sanitary reports.

55. A medical officer, doing duty with troops, in camp or quarters, will, in accordance with Part 6 of these regulations, report any insanitary conditions that may exist in the vicinity of his charge to the Sanitary Officer, or in his absence to the Senior Medical Officer of the station; and will also furnish the reports mentioned in Part 7, Section II, and be guided in the performance of these and his other duties by existing regulations and by such instructions as he may receive from the Principal Medical Officer of the district.

Duty at station hospital, &c.

56. He will, in addition to doing duty with troops, be available for duty in the station hospital, or for any professional or departmental duty, including the examination of recruits within stated hours, for which he may be detailed by the Principal Medical Officer.

Attendance at parades and target practice.

57. He will, in accordance with Section XIV, Queen's Regulations and Orders for the Army, attend parades of the troops when inspected by a General Officer, and under special circumstances any other parades when professional assistance is wanted. Under ordinary circumstances the attendance of a medical officer at rifle ranges, and at target practice, will not be required; but the name and address of a medical officer, who could be sent for if necessary, will be communicated to each

officer in charge of parties at practice. The medical officer warned for this service will remain either in the hospital or in quarters while practice is going on.

Medical inspection room.

58. At stations where considered necessary by the Officer Commanding and the Principal Medical Officer, a medical inspection room will be provided in barracks, in which men reported sick and prisoners will be seen, and where medicines and instruments, as laid down in paragraph 73 will be kept. The necessary furniture of this room will be in charge of, and accounted for, by the corps occupying the barracks. At stations where the hospital is within the barrack enclosure, or sufficiently near to it, an inspection room will not be provided in barracks.

Company sick report.

59. In accordance with Section XIV, Queen's Regulations and Orders for the Army, the name of every non-commissioned officer and soldier reported sick will be entered in a "company sick report" (Army Form B 256), which will be furnished by corps in duplicate to the medical officer.

Sick to be seen before morning visit to hospital.

60. The sick will leave the barracks for the inspection room, at such hours as may enable them to reach the station hospital before the time of morning visit.

Sending men to hospital.

61. The medical officer will examine the sick, and send those he considers unfit for duty to the hospital, marking in pencil on the sick reports the word "hospital" and also the disease opposite their names: both copies of the sick report will then be sent to the medical officer in charge of the station hospital.

Disposal of trivial cases.

62. Such of the sick as only require trivial dressings, or medicine, will be dealt with at the inspection room, and the words "medicine duty" will be marked opposite the name of each man and they will return to barracks.

Men detained for the day.

63. At stations where a detention room or ward exists, and it may be considered necessary to detain for the day men reported sick, the word "detained" will be marked on the sick report opposite their names; but no man will be detained for a longer period than twenty-four hours, at the end of which time he will either be admitted to hospital or return to duty; the kits of men so detained will not be taken over by the Medical Department.

Soldiers reported sick unnecessarily.

64. When a soldier is reported sick unnecessarily the word "duty" only will be marked opposite his name.

Filling up reports.

65. In filling up the sick reports great care will be taken that all the foregoing particulars as to the disposal of each man are clearly and correctly stated.

Convalescents in barracks.

66. In accordance with Section XIV, Queen's Regulations and Orders for the Army, soldiers will not be recommended by medical officers to remain as convalescents

in barracks, except such men as may, immediately after vaccination, be recommended for light duties, or for exemption from drills and musketry practice; men so recommended will be examined daily at the hour of morning visit at the inspection room, and a report in each case furnished to the Commanding Officer until such time as they are fit to return to duty.

Recommendation for light duty.

67. Soldiers reported sick, who, in the opinion of the medical officer, are temporarily unable to perform all their duties, may be recommended for *light duty* for the day, but no such recommendation shall cover more than a period of twenty-four hours, at the end of which time they will either return to duty or be sent to hospital.

Attendance on officers and their families, and on soldiers' wives and children.

68. When no medical officer is especially appointed, the medical officer doing duty with troops will attend the officers of the station, their wives and such of their children and servants as may be entitled to medical aid; also all women and children belonging or attached to the troops under his charge who are entitled to medical attendence: those of the women and children who are unable to attend at the inspection room or hospital will be visited at their own quarters.

Medicines for officers.

69. The necessary medicines and appliances for officers and their families, also for soldiers' wives and children, will be procured from the surgery at the station hospital The name and designation of the person so prescribed for must be stated on every prescription, which will also be signed by the prescribing medical officer.

Officers on sick list.

70. When an officer is placed on the sick list, or removed from it, the medical officer will, with as little delay as possible, report the circumstance direct to the Officer Commanding the regiment or corps to which the officer belongs, as well as to the medical officer in charge of the station hospital, in sufficient time to enable him to record the circumstance in the Weekly Return of Sick.

Reports of sudden death accidents, and infectious disease.

71. The medical officer will also at once, on receiving information, report all cases of sudden death out of hospital, or of severe accident, or the outbreak of infectious disease in quarters, direct to the Officer Commanding the station or corps, as well as to the Principal or Senior Medical Officer.

State of sick. Army Form, A 27.

72. At stations where there is only one medical officer in charge of both troops and hospital, the daily state of sick, on Army Form A 27, will be sent to the Officer Commanding; but at large stations, or when the medical officer doing duty with troops has not charge of the station hospital, only the sick reports specified in paragraph *503* will be furnished to Officers Commanding corps.

Medical and surgical equipment of inspection rooms.

73. The medical officer will be responsible for the charge, and will render, in manuscript, a half-yearly return of—

One field medical companion (Appendix 34).
One stomach pump (Appendix 29).
One pouch of tooth instruments (Appendix 26).
One set of common splints.
One stethescope.
One test dot card.

Requisition for medicines, &c.

74. He will obtain from the station hospital, on requisition (Army Form I 1209), any further supplies of medicine which the Principal Medical Officer may consider necessary, also such articles as may be required from time to time to keep the field companion complete. All these articles will be kept under lock and key in the inspection room.

Examination of prisoners, and signing of committals.

75. All prisoners will be marched to the inspection room daily at the hour of morning visit for examination by the medical officer, who will mark on the prisoners' report the word "fit" opposite the names of the men who are able to undergo punishment, including imprisonment, and the word "unfit" opposite those who are unable, and who will be sent to hospital. He will afterwards sign committals to provost and military prisons of such prisoners as he may have seen and pronounced fit on the day on which the punishment was awarded without any further medical examination. He will also furnish the certificates for Court-Martial prisoners.

Inspection of cells.

76. He will inspect the regimental cells daily, and see each prisoner confined therein.

Health inspections.

77. He will make the usual weekly health inspection of the troops, as well as the other inspections laid down in Part 6 of these Regulations.

Orderly for examination room.

78. He will apply to the Officer Commanding for a non-commissioned officer or private (who should be in possession of a second-class school certificate), to act as permanent orderly and messenger for all medical purposes. The orderly will keep the inspection room clean, and have charge of the furniture and equipment, and perform his duties under the orders of the medical officer.

Stationery and Army Forms and books.

79. He will apply to the Principal Medical Officer for whatever stationery may be required; also for any forms and books that may be necessary.

Medical inspection on change of stations.

80. He will make such medical inspections as may be required of regiments and corps before they proceed from one station to another.

Medical inspection of troops for

81. He will, when troops are under orders for foreign or active service, and have been detailed by the Commanding Officer, *at once make* a thorough examination of

foreign or active service.

each man to ascertain his fitness. For this purpose he will be furnished with the Medical History Sheets (Army Form B 178), and a nominal roll in duplicate of the men, stating their age and length of service, and having a column of remarks for him and another for the Principal Medical Officer; he will mark each man fit or unfit as the case may be, and if the latter, will briefly specify the cause. The men will subsequently be inspected by the Principal Medical Officer, who will mark on the nominal roll his decision as to their general fitness; this latter inspection will be carried out so as to give the Officer Commanding sufficient time to replace those found unfit. One copy of the roll will be sent with the troops embarking and the other retained by the Principal Medical Officer. Slight cases of venereal disease likely soon to recover, among men proceeding on ordinary tours of foreign (not active) service, may at the discretion of the inspecting medical officer, be embarked and admitted to hospital on board for treatment; a nominal list of men so embarked will be handed to the medical officer in charge of the troops on board (see paragraphs 1111 and 1116). G.O. 1884.

Performance of duties generally.

82. He will perform his duties in accordance with Section XIV, Queen's Regulations and Orders for the Army.

III.—DUTIES OF MEDICAL OFFICERS IN CHARGE OF TROOPS ON BOARD SHIP, AND MEDICAL EQUIPMENT OF TROOPSHIPS.

Regulations for guidance.

83. Principal or Senior Medical Officers at home and abroad, when inspecting the medical arrangements for troops about to be embarked in troopships or hired transports, and medical officers doing duty on board, will be guided by the instructions laid down in Section XVII, Queen's Regulations and Orders for the Army, and in Part 6, Section VII, of these Regulations.

Principal Medical Officers' final inspection of troopship.

84. Principal Medical Officers, when finally inspecting troopships before troops embark, will be careful to ascertain that a sufficient number of medical officers and hospital attendants have been detailed, and that the regulated supplies of medical and surgical equipment (paragraph 98), of hospital clothing (paragraph 91), of books, forms, and stationery (paragraph 92), as well as a due supply of medical comforts, have been put on board; and also that, having regard to the duration of the voyage and particularly to the nature of the diseases of the sick and invalids embarking, any special supplies deemed necessary have been provided.

Medical comforts on

85. The medical comforts required for troops embarked *on board* Her Majesty's ships will be obtained by the

paymaster of the ship, and be issued by him on the requisition of the medical officer in charge of the troops. Supplies of medical comforts required from army stores for Her Majesty's ships conveying troops or military invalids will be placed in charge of the paymaster of the ship, who will be accountable to the Admiralty for the quantities remaining unexpended at the conclusion of the voyage.

board Her Majesty's ships.

86. In hired ships a copy of the Regulations for Her Majesty's Transport Service will be provided by the Admiralty and kept on board, and access can be had thereto by application to the master of the vessel.

Regulations for hired ships.

87. All supplies of medical comforts for hired troop-ships furnished by the Admiralty according to the scale laid down in Appendix No. XIX of the Transport Regulations will be placed in the custody of the master of the vessel, and will be issued by him as required during the voyage on the requisition of the medical officer in charge.

Medical comforts on board hired ships; custody and issue.

88. These medical comforts are supplied whether the troops be victualled by the Government or by the ship-owners; but should the Principal Medical Officer at the port of embarkation be of opinion that either from the number of sick about to be embarked or from the nature of the cases, the regulated supply is insufficient or requires to be supplemented with special articles, such additional medical comforts as he may consider necessary will be obtained by the naval authorities at the port, or by the Commissariat Department, and will be placed in charge of the master for issue on the requisition of the medical officer in charge.

Medical comforts on board hired ships; supply of additional article.

89. Should the medical comforts on board be inadequate, the medical officer in charge is at liberty during the voyage to draw from the master such cabin stores as he may consider necessary, and for which payment will be made by the Admiralty; and on arrival in any port should he estimate that the medical comforts remaining on board will be insufficient for the rest of the voyage, he will represent the same to the Commanding Officer, in order that he may take the necessary steps for obtaining a further supply.

Cabin stores as medical comforts on board hired ships.

90. The medical officer will enter daily in the Diet Sheet (Army Form I 1202) such medical comforts as he may order for patients, duly recording the quantities and the reasons for ordering the same in the Case Book (Army Book 187). The Diet Sheets and Case Book will be examined either by the Principal Medical Officer of the district in which the port of disembarkation is situated, or of Netley, who will satisfy himself as to the

Record of expenditure of medical comforts.

correctness and necessity of the issues before signing the Account of Expenditure of Medical Comforts (Army Form F 1208). This latter form will always be prepared in duplicate, and forwarded along with the Diet Sheets by the Principal Medical Officer to the Director-General, and the latter officer will forward one of the copies to the Admiralty. On the termination of the voyage the medical officer in charge will sign a receipt for everything he has drawn from the paymaster on board Her Majesty's ships, or from the master in the case of a hired vessel.

Hospital clothing for troopship.

91. On board all troopships employed on foreign reliefs (except Her Majesty's Indian troopships) a supply of hospital clothing to meet emergencies will, on the recommendation of the Principal Medical Officer, be provided to the extent, in the case of healthy troops, of 3 per cent. of strength embarked, and of 10 per cent. or more if necessary, when sick or invalids are embarked. The hospital clothing will be in custody of the non-commissioned officer of the Medical Staff Corps on board.

Books, forms and stationery for troopships.

92. Principal Medical Officers will provide the following books, forms, and stationery for the use of medical officers in charge of all troopships employed on foreign reliefs, who will give a receipt for the same :—

Admission and Discharge Book	A.B. 27
Medical Case Book	A.B. 187
Requisition Book	A.B. 30
Medical Certificate Book	A.B. 172
Pack Store Book....	A.B. 182
Hospital Diary or Ward Book....	A.B. 39
Diet Sheet	A.F. I 1202
Morning State of sick and Report of Death	A.F. A 27
Medical Sick Return of Troops on Board Ship	A.F. B 182
Account of Expenditure of Medical Comforts	A.F. I 1208
Return of Detachment Medical Staff Corps (monthly)	A.F. B 62
Hospitals, Extra Duty Pay to servants employed	A.F. O 1645
Application for Extra Duty Pay	A.F. I 1229

The number of forms necessary will be estimated according to the duplicate copies required and the duration of the trooping service on which the ship is to be employed; the number of forms of Army Form B 182 required will vary according as laid down in Part 7, Section V, of these Regulations. Sufficient stationery and writing materials will also be supplied to enable the medical officer to keep

a Medical Journal of the voyage, and to furnish the various reports and returns required in manuscript.

93. One compounder of medicines, one corporal, and three privates of the Medical Staff Corps, will form the Army Hospital Establishment on board each of Her Majesty's Indian troopships; and one compounder, one corporal, and two privates on board other of Her Majesty's troopships on foreign service, and in hired ships when considered necessary. The compounder in addition to his other duties will act as wardmaster. The corporal will act as assistant wardmaster, and will also perform such of the duties of pack storekeeper, laid down in these regulations, as are applicable on board ship; money and other valuables in possession of the sick will be carefully noted down, taken over by him, and handed to the officer in command of troops and invalids on board. The Pack Store Book (Army Book 182) will invariably be used in taking over the effects of sick in hospital.

Medical Staff Corps; establishment and duties.

4843 Gen. No. 6 and 117.

94. All passes for leave on shore granted to non-commissioned officers and privates of the Medical Staff Corps serving on board troopships will be approved and signed by the medical officer in charge before being submitted for sanction to the naval or military officer in command.

Passes to Medical Staff Corps serving on board troopship.

95. Where there are no men of the Medical Staff Corps on board ships conveying troops, or not a sufficient number of them for attendance on the sick, soldiers from regiments or detachments on board will be employed as hospital servants in the proportions laid down in paragraphs 527 and 528, and agreeably with paragraphs 531 and 532, of these regulations; but the employment of soldiers as cooks for the sick will not be allowed except under special circumstances.

Soldiers employed as hospital servants.

120 Gen. No. 2063 4843 Gen. No. 153

96. The claims to extra-duty pay for hospital servants so employed will be prepared and dealt with as shown in paragraphs 417 (as amended by Clause 9, Army Circulars, 1885) and 418 of the Financial Instructions, viz.:—

"Applications for extra-duty pay for soldiers employed as temporary hospital servants on board ship, will be made by the medical officer in charge, on Army Form I 1229, and forwarded to the Principal Medical Officer of the district in which the port of disembarkation is situated, for submission to the Director-General of the Army Medical Department. All such applications will be accompanied by Army Form O 1645, which will be duly completed, and signed by the men who have been employed. When *approved*, the claim will be passed to the

paymaster of Netley Hospital for settlement. . . . In the case of a voyage from this country the claim for extra-duty pay to hospital servants will, on the termination of the voyage, be submitted in similar form by the medical officer in charge for the approval of the Principal Medical Officer at the station, who will, if he approve the claim, forward it to the General or other Officer Commanding to authorize the issue of the amount sanctioned by regulation."

Instructions to naval or civil surgeons in charge of troops.

97. When troops are embarked on board a ship in charge of a naval medical officer, or of a civilian surgeon, the Principal Medical Officer will furnish him with such books and forms as are necessary, and will explain their use; also how claims for extra-duty pay for hospital servants necessarily employed during the voyage are to be prepared and dealt with as shown in preceding paragraph.

12 Gen. 206

Medical and surgical equipment of troopships.

98. The Principal Medical Officer will be responsible that the following medical and surgical equipment is put on board a troopship or hired transport at a port of embarkation, and the medical officer in charge, or in his absence the paymaster or master of the ship, will give a receipt for the same:—

For troopships proceeding on foreign voyages:

- Medicine chest complete (Appendix 36).
- Case of surgeon's instruments (Appendix 19).
- Tooth instruments (Appendix 26).
- Stomach pump (Appendix 29).
- Box of apparatus for fractures and dislocations (Appendix 32).

For troopships proceeding between ports in the United Kingdom:—

- One field medical companion fully equipped (Appendix 34).
- Case of surgeon's instruments (Appendix 19).

Should the medical officer in charge require any further supplies during voyages he will obtain them from the naval medical officer on board. Should he consider any special medicines, linseed meal, instruments, or appliances necessary on proceeding on a foreign voyage he will at once refer to the Principal Medical Officer.

Disposal of equipment at end of trooping service.

99. The medical and surgical equipment of troopships will on no account whatever, unless under the express authority of the Principal Medical Officer on the spot, be removed from the vessels until the termination of the trooping service on which they are engaged; or, in the case of hired transports, until the period for which they have been taken up has expired; and the Principal Medical Officer will then be responsible that it is received over and

returned into Army Medical Stores. Before leaving the ship the medical officer in charge will be responsible that all equipment is in a fit state to be removed, and should he be required to disembark before handing it over to the Principal or other Medical Officer he will obtain a receipt for it from the paymaster or master of the ship.

Report of invalids embarking to Director-General.

100. When invalids are about to be embarked at foreign stations Principal Medical Officers will, if practicable, forward in advance to the Director-General information of the total numbers embarking, also of the number of insane patients, if any, and stating the probable date on which the vessel may be expected to reach home.

Nominal roll of invalids embarked.

101. Principal Medical Officers will see that, in addition to the invaliding documents furnished in accordance with Part 5, Section III, of these Regulations, the medical officer is also provided with a nominal roll of all invalids embarking in his charge, simply giving the regimental number, corps, name, and disease of each man, with a blank column in which the medical officer can if necessary append remarks at the termination of the voyage.

Disembarkation of sick and invalids.

102. When sick or invalids are about to be disembarked from troopships at any port at home or abroad the medical officer will make a careful inspection of them, and have lists prepared from the nominal rolls showing those who are able to march, or do not require any special transport; and specifying in all serious cases the kind of transport required to remove them to their destination. With all cases undergoing treatment in hospital at the time of disembarkation he will send a medical certificate (Army Book 172), and with all who are seriously ill, a short abstract also of their cases.

Documents to be rendered to P.M.O. at port of disembarkation or Netley

103. Medical officers will, without delay, report themselves for further instructions to the Principal Medical Officer at the port of disembarkation, or at Netley, and furnish him with the following documents:—

(*a*) Nominal return of men to be sent to hospital (duplicate).

(*b*) Return of sick on board ship, Army Form B 182 (duplicate). Whenever the troops embarked comprise invalids as well as time-expired or effective men, a separate return will be furnished for the invalids; and all particulars relative to the strength, cases of sickness, &c., among the invalids, will be omitted from the return showing the details of the other portion of the force embarked (see paragraph 1205 of these Regulations).

(*c*) Nominal roll of invalids embarked (with remarks).
(*d*) Account of expenditure of medical comforts, Army Form I 1208 (duplicate).
(*e*) Copies of correspondence on professional points on board (see paragraphs 1118 and 1120).
(*f*) Nominal list of women who have been sick during the voyage.
(*g*) Nominal list of children who have been sick during the voyage.
(*h*) Hospitals, extra-duty pay to servants (Army Forms I 1229 and O 1645, if required).
(*i*) Return of Detachment Medical Staff Corps (Army Form B 62).

Additional information to be furnished in Medical Journal.

104. They will also afford in their Medical Journal concise information on the following points :—

(*a*) Date of departure of the vessel from the port where the troops embarked, and the name of the port.
(*b*) Length of the passage in days.
(*c*) State of health of troops on board, with an account of any special sickness.
(*d*) Whether the ship has been provided with every requisite, with special reference to the amount and quality of provisions in accordance with the scale, and with an adequate supply of water, medicines, instruments, and medical comforts.
(*e*) Whether the ship has been kept in a good sanitary condition in respect to ventilation, cleanliness, means of ablution, &c.
(*f*) Whether the accommodation has been good, and whether the superficial area and cubic space of sleeping accommodation per man has been sufficient.
(*g*) Whether any defects have been discovered during the voyage.
(*h*) The number of officers, men, women, and children embarked.
(*i*) The deaths in each class.
(*j*) The number of births during the voyage.
(*k*) The prevailing diseases on board, and their causes.
(*l*) The nature of the accommodation for the reception and treatment of the sick, including the superficial area and cubic space per sick bed.
(*m*) When lime-juice and sugar have been issued, the quantities of each supplied for each man, for what length of time used, and the total of each

consumed during the voyage. A detail of names is not required (see paragraph 1119).

(*n*) What arrangements exist for the washing of hospital clothing and personal under-clothing of the sick and of the troops on board.

105. They will also, prior to arrival, complete and hand over to the Principal Medical Officer at the port of disembarkation, or at Netley, the following :— **Books, forms &c., handed to P.M.O. on disembarkation.**

Admission and Discharge Book	(A.B. 27)
Medical Case Book	(A.B. 187)
Requisition Book	(A.B. 30)
Pack Store Book	(A.B. 182)
Hospital Diary or Ward Book	(A.B. 39)
Medical Certificate Book	(A.B. 172)
Medical History Sheets (of sick and invalids)	(A.F. B 178)
Diet Sheets....	(A.F. I 1202)

together with their Medical Journal and all unexpended forms and stationery.

106. The invaliding documents of all invalids will be sent with them to their destination. **Invaliding documents.**

107. Executive medical officers proceeding to or from England in Her Majesty's troopships or hired transports, will, should the medical officer in charge of the troops on board require their services, be available for duty during the voyage, provided they are junior in rank to that officer, and provided also that they have not been embarked on a recommendation of a Medical Board, and pronounced unfit for duty during the voyage. **Medical officers on passage available for duty.**

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IV.—DUTIES OF MEDICAL OFFICERS DOING DUTY IN HOSPITALS.

108. Medical Officers attached to hospitals will perform their duties directly under the medical officer in charge, by whom they will be detailed for duty in wards. **Medical officers attached to hospitals.**

109. They will be responsible to him that the several duties assigned to them are duly carried out; and will at once report to him any breach of discipline, irregularity or neglect on the part of any hospital servant or patient, which may have come under their notice, or with regard to which it may have been necessary for them to take action. **Responsibility to medical officer in charge.**

110. They will not leave the hospital until they have seen and prescribed for such patients admitted in the morning as are allocated to their wards. **Prescribing for fresh admissions.**

111. They will invariably draw the attention of the medical officer in charge to all serious and important cases **Personal responsibility in pro-**

fessional matters.

in their wards, immediately on such coming under their observation, and will in all cases of professional doubt or difficulty seek his advice and consult with him as to the course to be pursued; but it must be clearly understood that each medical officer will he held personally responsible for the proper treatment of patients under his care.

Maintenance of order, &c., in the wards.

112. They will see that order cleanliness, and regularity are maintained in their wards, and will, by personal example, inculcate punctuality and exactness in carrying out every detail connected with the care of the sick.

Clothing and bedding of patients.

113. They will see that the clothing and bedding supplied to patients are sufficient and suitable in the treatment of particular cases.

Instructions as to diets and extras.

114. They will order diets and extras in accordance with the rules laid down in Part 3 (Hospital Diets) of these Regulations; bearing in mind that a judicious dietary is of the highest importance in the treatment of the sick. They will frequently examine and taste articles of diet and extras supplied, to ascertain that they are of good quality, and properly cooked and served to the patients; and they will in all important cases give precise instructions to nurses and orderlies of the hours at which food and stimulants are to be administered.

Hours for patients to be out of bed.

115. They will invariably mark on the diet sheets the hours during which patients are allowed to be out of bed.

Prescriptions and administration of medicines.

116. They will write all prescriptions in the Hospital Diary or Ward Book (Army Book 39) in a clear and legible form, and will append specific instructions as to the administration of the medicines ordered.

Entries in Case Books.

117. They will enter in the Case Book (Army Book 187) the medical particulars of all important cases, as well as all in which extras (except "diet drinks") have been given, stating the quantities ordered, and also invariably recording the reasons for giving them. They will take notes of cases in the wards, but will be careful that the Case Books are not left in the wards, or allowed to fall into the hands of the patients; to the first and last entries of a case they will attach their signatures, as well as when handing it over, stating also the date and to whom the transfer is made.

Reports on wardmaster.

118. They will report monthly to the medical officer in charge on the manner in which the wardmaster performs his duties, and whether he, as responsible for discipline in the wards, maintains his authority with due tact and firmness.

Instructions to nurses in wards.

119. They will give instructions to female nurses employed to their wards in a similar manner as to the orderlies in all matters connected with the management of the sick; but

will not interfere with the distribution whether as regards time or place of the duties allotted to the nurses, refering any suggestions connected therewith to the medical officer in charge.

Training of orderlies.

120. They will thoroughly and systematically instruct the orderlies (in which they will be assisted by the nurses) in all details connected with nursing and ward duties; and will report monthly on their conduct and efficiency to the medical officer in charge, noting particularly whether they individually display aptitude, or otherwise, in special duties.

Attendance on parades and at orderly room.

121. They will, under orders from the medical officer in charge, from time to time attend such parades, drills, and courses of instruction and orderly room duties as are required in connection with the detachment Medical Staff Corps.

V.—DUTIES OF ORDERLY MEDICAL OFFICERS.

Detail of orderly medical officer.

122. At stations where an Orderly Medical Officer is detailed, the Principal or Senior Medical Officer will keep a roster for the duty, which, if practicable, will be limited to officers under twenty years' full pay service; from this roster he will detail the orderly medical officer for the day, and nominate the next for duty as the officer in waiting.

Period on duty.

123. The Orderly Medical Officer will, as a rule, be detailed for twenty-four hours' duty at a time, and will remain at his post until personally relieved by the officer who is to succeed him

Not to quit room.

124. He will remain during his tour of duty in the room set apart for him, except when called away on duty, or when absent during authorized hours for meals; he will at such times always leave behind him written directions as to where he is to be found.

Inspection of provisions and issue of diets.

125. He will, if on duty at a hospital, inspect the provisions supplied for issue, and ascertain that they are of good quality; he will see that diets and extras are properly cooked, and superintend their distribution in the kitchen at the dinner-hour; he will visit the kitchen after the time of the evening meal, and see that the cooking utensils have been properly cleaned and put away.

Visiting wards, complaints, &c.

126. He will visit the wards at intervals during his tour of duty, to ascertain that order and regularity are maintained, and will receive, note, and if possible verify reports or complaints made to him, whether by hospital servants, patients or others.

Duties to sick and men discharged.

127. He will, if required, perform all necessary and emergent duty towards the sick in hospital during the absence of the medical officers in charge of the cases, and will deal with fresh cases of sickness as they arise. He will also inspect the men discharged and those detained for the day, before they leave the hospital, to see that they are fit to go out and are in possession of their kits.

Sanitary report.

128. He will report any insanitary condition of the hospital that may come under his notice.

Tattoo reports.

129. He will receive at tattoo, from the senior warrant or non-commissioned officer on duty, a report as to whether the men of the detachment of the Medical Staff Corps are present, and will give such orders as may be necessary regarding men reported absent.

Local duties.

130. He will perform all such local duties as may be delegated to him under the authority of the Principal Medical Officer, or medical officer in charge, including visiting garrison or other cells, and the casual inspection of recruits and prisoners.

Report on Army Form C 343.

131. He will, at the end of his tour of duty, at once forward a report, on Army Form C 343, to the Principal or Senior Medical Officer, who will cause it to be filed in his office, for after reference if required.

Detail of orderly medical officer for more than one day.

132. At stations where it may be impracticable to detail an orderly medical officer daily, but necessary that one should be nominated for a longer period at a time, the Principal Medical Officer will make such modifications of the foregoing regulations as will meet the altered circumstances of the case.

VI.—DUTIES OF SURGEONS ON PROBATION.

Conform to standing orders of school.

133. Surgeons on probation at the Army Medical School, Netley, will conform to the standing regulations of the school, and will also be guided by such instructions as they may receive from the Principal Medical Officer.

Duties in wards.

134. They will perform their duties in the wards under the supervision of the Professors of the school, and of the medical officers of divisions, in general accordance with the instructions laid down in these regulations.

Duty as orderly medical officer.

135. They will perform the duties of orderly medical officer under the instructions contained in these regulations.

VII.—DUTIES OF MEDICAL OFFICERS IN COMMAND OF DETACHMENTS, MEDICAL STAFF CORPS.

136. The duties and responsibilities of the medical officer in command of a detachment of the corps are analogous to those laid down for commanding officers in the Queen's Regulations and Orders for the Army. Regulations for general duties.

137. The command of a detachment of the corps will for all purposes of discipline include both the men employed in hospitals and those doing duty in the district staff of the department; the Principal Medical Officer will see that at the larger stations the medical officer appointed to command is provided with proper clerical assistance. Command to include men employed outside of hospitals.

138. The officer in command will sign all passes, after they have been signed and recommended by the officer immediately under whom the men are doing duty. Granting of Passes.

139. Should any matters of discipline seem to require the decision of a court-martial, the officer in command will report such cases, in the first instance, to the Principal Medical Officer, who will either deal with them himself, or, should he consider a court-martial necessary, refer them to the General Officer Commanding. Applications for courts-martial.

140. The medical officer in command will retain in his possession, and be responsible that they are accurately kept up, the defaulter sheets, and the duplicate attestations, and all other personal documents (not kept at the headquarters of the corps), of the warrant officers, non-commissioned officers and men of the detachment. But transfer clothing statements, (Army Form H 1157), equipment vouchers, (Army Form G 1033), savings bank transfer statements, (Army Form O 1754), No. 1 reports, (Army Form O 1770), and ledger sheets, will be handed over to the quartermaster of the district, from whom, in the event of a man being transferred to another district, they will be obtained and forwarded with the man's other personal documents as laid down in paragraph 151 of these regulations. Disposal of men's personal documents.

141. He will arrange for the daily inspection of the non-commissioned officers and privates at such an hour in the morning as may be convenient; at 8.30 o'clock a.m., at 2 o'clock p.m., and at tattoo, for the purpose of ascertaining that all are present, *properly* dressed, clean, and sober, and no *other parades or inspections* will be held without his Daily inspections.

knowledge and sanction. Non-commissioned officers or orderlies employed on any special or district duty at these hours may be exempted from attendance.

Occasional Parades and drills.

142. He will arrange for such occasional inspections and parades (including that ordered in paragraph 167, Section VII, Queen's Regulations and Orders for the Army) as may be necessary, also bearer company drills, at which both medical officers and quartermasters, not on duty, will be present.

Kit inspection and supply of necessaries, &c.

143. Inspection of equipment, clothing, and necessaries will be made monthly, or oftener if necessary, by medical officers in command of detachments, who are responsible to the Principal Medical Officer that such are kept complete, by supplies procured either locally or from the district quartermaster.

Supply at Foreign Stations.

144. Such necessaries as are required by the men of the Corps at foreign stations will be obtained on demand from regiments at the stations in which they may be serving, in accordance with paragraph 309 (*a*) of the Clothing Regulations, 1881.

Disposal of crime forms.

145. When prisoners of the corps have been disposed of, the medical officer will transmit the Crime Report (Army Form B 252), duly completed, to the Principal Medical Officer, who will note whether the punishment accorded is suitable, cause it to be recorded, and forward the Report to the quartermaster charged with the payment of the men, to enable him to check the weekly issues of pay and departmental pay.

Weekly payment of men.

146. The officer in command will cause a weekly statement (Appendix 14) to be prepared, showing the amount of pay due to each warrant officer, non-commissioned officer, and man of the detachment, and will forward it to the quartermaster charged with the payment of the men, in sufficient time to enable him to remit the money required; the men will sign this document on payment, and it will be returned to the quartermaster, who will retain it as an office record.

Payment in presence of an officer and acting pay serjeant.

147. He will, in accordance with Section VII, paragraph 154, Queen's Regulations, be responsible that the men are paid in the presence of an officer, and will appoint the senior or other duly qualified non-commissioned officer of the detachment to act as pay serjeant.

Signing of pocket ledgers.

148. He will be careful that the monthly settlement of accounts, and the clothing and the savings bank accounts in the pocket ledgers (Army Forms B 50 and B 51) of the men are signed regularly; and that the rules laid down in *Section* VII, paragraphs 159 to 163, Queen's Regulations,

for keeping the records in these books, are strictly complied with.

149. He will be responsible for the transmission, without delay, of all vouchers in support of debits or credits which should appear in the sub-account of the quartermaster charged with the payment of the non-commissioned officers and men in the district (see paragraphs 533 and 534). Transmission of vouchers to quartermaster of district.

150. Claims for good conduct pay preferred by men of the corps will be arranged locally by the medical officer in command of the detachment, who will through the Principal Medical Officer furnish the quartermaster of the district who pays the men with the necessary documents as vouchers for his pay-list. Good conduct pay.

151. Whenever warrant officers, non-commissioned officers and men are transferred from one district or command to another, the officer under whom the men are serving will obtain from the quartermaster of the district or command the documents held by him, referred to in paragraph 140; which, together with the documents (applicable to men of the corps) enumerated in Section XIX, paragraph 121, Queen's Regulations, 1883, will be transmitted to the Principal Medical Officer, agreeably with instructions laid down in paragraph 125 of the section here quoted. In addition, the following special documents will likewise be transmitted:—Return of accoutrements and necessaries (Army Form H 1118), (in lieu of the manuscript list, paragraph 121 (*d*)), and a separate voucher for the equipment in possession of each man (Army Form G 1033); the Principal Medical Officer will then forward all the documents to the principal medical officer of the district or command to which the men are proceeding. Transmission of documents on transfer from station.

152. When a man is finally transferred to the Corps from a depôt, battalion, or corps, the medical officer will on receipt of the documents mentioned in Section XIX, paragraph 121, Queen's Regulations, transmit the following through the Principal Medical Officer to the Director-General:— Disposal of documents of men transferred to the corps.

Declaration of court of inquiry (Army Form B 115);
Extracts from register of certificates of education (Army Form B 250);
Extract from register of marriages and baptisms (Army Form A 22);
Certificate of being on the married establishment;
Proceedings of regimental court-martial (Army Form B 297);
Certified copies of convictions by the civil power.

153. He will also send a certified copy of the man's Company

defaulter sheets.

company defaulter sheet for insertion in the defaulter book at headquarters.

Documents of transfers on probation

154. The documents which should accompany a man transferred to the corps on probation are enumerated in Section XIX, paragraph 122, of the Queen's Regulations.

Discharges for misconduct or inefficiency at home.

155. All applications for the discharge of men serving at home on account of misconduct or inefficiency, under Section XIX, paragraph 260, of the Queen's Regulations, will be submitted on Army Form B 130 through the Principal Medical Officer for the consideration of the Director-General, who, if he decides that the man is "*unfit for the duties of the corps*," will take the necessary steps to have the discharge carried out.

Discharges abroad.

156. If the non-commissioned officer or man be serving abroad, the Principal Medical Officer of the command will himself decide whether he considers the man unfit to remain in the corps; and will submit the case direct to the General or other officer commanding the troops at the station, to be dealt with according to Section XIX, paragraph 261, of the Queen's Regulations.

Descriptive Return of men discharged for misconduct.

157. When a man is discharged for misconduct of any kind, the medical officer will, in accordance with paragraph 190, Section XIX, Queen's Regulations, forward through the Principal Medical Officer to the editor of the "Police Gazette" a descriptive return, on Army Form B 285; and a report that this has been done will be made when transmitting the duplicate attestation to headquarters.

Applications for re-transfers of men.

158. All applications for the re-transfer of men will be submitted to the Director-General if the man is serving at home; and to the General or other officer commanding, if serving abroad, under Section XIX, paragraph 135, Queen's Regulations.

Applications for re-engagement.

159. All applications for warrant officers, non-commissioned officers and men to re-engage or extend their service, will, in the first instance, be submitted for the approval of the Director-General. Applications for permission to prolong service beyond twenty-one years will likewise be submitted for the approval of the Director-General, as the "competent military authority" referred to in paragraph 90, Section XIX, of the Queen's Regulations.

Warrant and non-commissioned officers becoming non-effective.

160. On a warrant officer, staff-serjeant, or serjeant becoming non-effective, or being reduced to a grade lower than that of serjeant, the "Manual of Field Exercises" belonging to him will be transmitted through the Principal Medical Officer to the Director-General for re-issue to the non-commissioned officer appointed to fill the vacancy of serjeant caused thereby.

Summary reversion of lance serjeants and corporals.

161. When lance-serjeants or lance-corporals, whether paid or unpaid, are summarily ordered by their commanding officer to revert to their permanent grade, immediate notification will be made of their reduction through the Principal Medical Officer to the Director-General.

Annual return of height and chest measurement of detachments.

162. Medical officers in command will, in accordance with G.O. 7, of 1876, render to the Principal Medical Officer of the district or command, not later than the first week of December in each year, a return showing the height and chest measurement of each non-commissioned officer and man serving under them, to enable the Principal Medical Officer to compile his Annual Return (Army Form B 53).

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Annual Return of Amendments in entries of next of kin.

163. They will, with reference to the last sentence of paragraph 163, Section VII, Queen's Regulations, forward to the Principal Medical Officer, not later than the 15th of January yearly, a return of amendments in the entries of next of kin made in the pocket ledgers, and duplicate attestations of the non-commissioned officers and men in their command, to enable him to compile a list forwarded by him to headquarters with the annual return of the corps in his district.

Illegal absence, and return for "Police Gazette."

164. In the case of men of the corps illegally absent for the space of 21 days, the declaration of the court of inquiry assembled in conformity with Section VI, paragraph 121, Queen's Regulations and Orders for the Army, will be forwarded to the Principal Medical Officer of the district or command, who will transmit it to headquarters along with the man's non-effective documents as soon as possible in order that he may be struck off the strength of the corps; the medical officer will also furnish the descriptive return (Army Form B 124) for the "Police Gazette," as laid down in paragraph 126 of the Section quoted.

Leave to marry, and marriage and baptismal certificates.

165. Applications from non-commissioned officers and men for leave to marry will be made to the Director-General, through the Principal Medical Officer of the district. These applications will invariably be accompanied by testimonials as to the respectability of the woman whom the soldier wishes to marry. Certified copies of the marriage certificates of all men married, either with or without leave, will be sent to headquarters for entry in the register of the corps, as also the baptismal certificates (on which the date of birth should always be shown), of all children of men belonging to the corps.

166. The following books and forms will be kept in every

division and detachment of the corps, in accordance with Section XXII, Queen's Regulations :—

* Permanent Order Book (A.B. 82).
Portfolio of attestations (A.B. 234).
Letter book (A.B. 127).
* Register of letters received (A.B. 193).
Guard books (A.B. 22 and 23).
* Register of deserters (A.B. 87).
Defaulters sheets (A.F. B 120).
Court-martial sheets (A.F. A 12).
Postage book (A.B. 97).
* Register of births (A.B. 112) } at foreign
* Register of marriages (A.B. 113) } stations
* Register of deaths (A.B. 114) } only.
Order book (A.B. 137).
†* Ledger (A.B. 142).
Defaulters book (A.F. B 121).
Company messing book (A.B. 48).
Free kit issue sheet (A.F. B $\frac{102}{1}$).
†* Savings bank ledger (A.B. 80).
†* Pay sheet acquittance roll (A.F. N 1457).
†* Account of clothing and necessaries (A.B. 288).
†* Equipment ledger (A.B. 239).

Certificate on relinquishing command.

167. Medical officers will, on handing over command of a detachment, forward a certificate to the Principal Medical Officer that the detachment books, as well as the personal documents of the men, have been duly transferred to the officer taking over command ; and also that the kits, arms, and accoutrements are complete or otherwise. They will frequently visit the quarters of the married men of their detachments, and inspect occasionally the quarters of those living out of barracks.

Visiting married quarters.

Command by medical officers on Retired List.

168. Medical officers on the Retired List employed under Article 323 of the Royal Warrant relating to Pay, &c., are considered "officers belonging to the Regular Forces," and will command detachments of the Medical Staff Corps serving under them.

Command not exercised by militia medical officers or civilian practitioners.

169. When Militia medical officers are employed under Article 325, or civilian practitioners under Article 326 of the Royal Warrant relating to Pay, &c., in charge of hospitals, the men of the Medical Staff Corps doing duty in the hospital will be attached for discipline to a corps in the garrison.

Status of pensioners temporarily

170. Pensioners employed (under the provisions of the Royal Warrant relating to Pay, &c., Articles 774 and 775)

* *At headquarters of divisions only.* † To be kept by district quartermaster.

as hospital surbordinates, are subject to Military Law, under Army Act 176 (4); but can exercise no command over non-commissioned officers and men serving on Army Engagement. employed in hospitals.

VIII.—DUTIES OF QUARTERMASTERS.

I.—In Districts and Commands.

171. Quartermasters detailed for duty in districts and commands will perform their duties under instructions from the Principal Medical Officer. Act under Principal Medical Officer.

172. They will perform such duties in connection with the hospitals of the district or command as may be required of them by him. Duties connected with hospitals.

173. They will be responsible under him for all duties in connection with payment, clothing, and equipment of the warrant officers, non-commissioned officers, and men of the corps in the district or command; and will be guided in the performance of these duties by the rules laid down in the Financial Instructions, and in the Clothing and Equipment Regulations respectively. Payment, clothing, and equipment of men.

174. They are, when serving at home, sub-accountants to the paymaster of the corps, and all communications on routine questions of pay, allowances, and accounts, will be addressed direct to him. When serving abroad their accounts will be rendered to the district paymaster of the command. Sub-accountants to paymaster.

175. They will render all accounts and returns immediately they become due. Monthly pay-lists are due on the third of the month succeeding that to which the account refers, but if it be found impracticable to prepare them so early, they will be rendered as soon as possible after the date indicated. Punctual rendering of accounts and returns.

176. They will forward estimates to the paymaster, so as to reach him not later than the 15th of the month prior to that for which they are prepared. Estimates to paymaster.

177. They will inform the paymaster whenever money has been received which renders the usual remittance unnecessary. Remittances by paymaster.

178. They will be responsible that the money required for the weekly payment of detachments of the corps is transmitted to the medical officer in command of the men, in accordance with paragraph 146 of these regulations. Payment of detachments.

179. They will, when men are ordered to be transferred from one district to another, prepare for each man a separate transfer clothing statement (Army Form H 1157) and equipment *voucher* (Army Form G 1033), as well as Pay, clothing, and equipment documents for men transferred.

a No. 1 report, ledger sheet and savings bank transfer statement, and forward them through the Principal Medical Officer to the medical officer under whom the men are serving for transmission with the other personal documents as laid down in paragraph 151 of these regulations.

Responsibility for clothing and equipment accounts.

180. They will be responsible, under the Principal Medical Officer, for the preparation of the necessary accounts to be rendered by him (paragraph 28) for the clothing and equipment of the warrant officers, non-commissioned officers, and men of the corps serving in their districts, and will prepare and initial as correct for his signature all correspondence on such questions.

Demands for and returns of equipment, clothing, and necessaries.

181. They will prepare for the signature of the Principal Medical Officer the necessary demands for supplies of regimental clothing on the Director of Clothing, Pimlico, and for equipment on the local Senior Ordnance Store Officer. All returns and accounts of clothing and necessaries will be rendered to the Director of Clothing, and of equipment to the Commissary-General of Ordnance Royal Arsenal, Woolwich. The equipment accounts will be redered on Army Book 239.

Visiting detachments.

182. They will, when ordered by the Principal Medical Officer, visit any detachment of the corps in the district to report whether the clothing, necessaries, and accoutrements of the men are complete and in good condition.

Special inspections and taking over equipment.

183. They will, when ordered by the Principal Medical Officer, take over or make special inspections of hospital buildings and equipment in the district; also of the steward's stores, supplies, and books, reporting the result to the medical officer in charge, as well as to the Principal Medical Officer.

Stores and Equipment for instructional purposes.

184. They will take charge of equipment and stores issued to Principal Medical Officers for bearer company drill and instructional purposes within the district.

Requisitions for camp equipments.

185. They will, under instructions from the Principal Medical Officer, when troops are about to go into camp prepare the necessary requisitions for camp equipage, equipment, stores, and transport, following the rules laid down in paragraphs 231 to 235 of these regulations.

istrict surgical equipment.

186. They will be responsible for the safe custody and good order of the instruments and appliances issued to the Principal Medical Officer for use throughout the district.

Men employed in quartermaster's duties.

187. They will be responsible to the Principal Medical Officer for the manner in which the non-commissioned officers and privates employed on or connected with quartermaster's stores discharge their duties.

II.—Attached to Hospitals and Bearer Companies.

188. Quartermasters attached to general, station, field hospitals and hospital ships, and to bearer companies, will serve directly under the medical officer in charge. **Serve under medical officer in charge.**

189. They will submit and initial all correspondence, returns, and requisitions to other departments through him, and for his signature, except requisitions for current supplies and repairs. **Correspondence to be submitted.**

190. They will take over on his behalf the hospital buildings, quarters, out-offices and enclosures, and the hospital furniture, equipments, and stores from the Commissariat. **Charge of buildings, equipments, &c.**

191. They will be responsible to the medical officer in charge, who is the Accounting Officer for all stores and equipment held in hospital charge, for the custody and care of all hospital equipment, furniture, and utensils held from the Commissariat on inventory; and for the custody and proper use of articles of diet and extras and of medical comforts in the steward's stores; and for medicines, instruments, and appliances in the surgery and medical stores. **Custody of equipment, stewards and medical stores.**

192. They will at once report all damages, defects, and deficiences in buildings, equipment, and stores in their care to the medical officer in charge. **Report of damages, &c.**

193. They will accompany the officers of the Royal Engineers and the Commissariat at the quarterly inspection of the hospital buildings and equipments. **Quarterly inspections.**

194. They will prepare and initial for the signature of the medical officer in charge all requisitions on the Royal Engineer Department for repairs to hospital buildings, wards, quarters, out-offices, and enclosures. **Requisitions on Royal Engineers.**

195. They will prepare and initial for the signatures of the medical officer in charge all requisitions on the Commissariat for hospital equipment. **Requisitions for equipment.**

196. They will furnish the Royal Engineer and the Commissariat officers at the quarterly or marching out inspections (under the regulations of these departments respectively, Army Regulations, Vols. IV and V), with such information as may be necessary to enable damages and deficiencies to be assessed against regiments or corps whose sick have been treated in hospital, or against those connected with the hospital, as the case may be (see Appendix No. 70). **Assessment of damages by Royal Engineers and Commissariat.**

197. They will assess personal or general charges against patients, orderlies, and others, or against corps, for losses **Personal charges for**

damages to equipment and stores.

and damages to equipment and stores by means of the Priced Vocabulary of Stores and the Personal Charge Book (Army Book 51), and will at once, as the losses or damages occur, transmit such charges to the officers commanding the corps concerned through the medical officer; the date of transmission will always be noted on the counterfoil; any damages which cannot be readily assessed will be at once referred to the Commissariat officer in charge of barracks, to whom application will also be made for replacement of stores lost or damaged (Army Form F 765).

Personal and general charges for damages to buildings and fixtures.

198. They will, in a similar manner, make personal charges for damages to buildings and fixtures, application being first made to the Royal Engineers for assessment of the amount to be charged; they will be responsible that the Personal Charge Book is correctly kept in every particular (see Appendix No. 70).

Requisitions and return of fuel.

199. They will (according to the regulated scales, or hospital standards) draw fuel and light from the Commissariat on requisition (Army Book 30) for wards, offices, quarters, kitchens, and all purposes connected with the hospital; and will be responsible for their custody; that they are supplied and used for the purposes for which drawn, and accounted for monthly on Army Form F 725.

Lighting and warming of wards.

200. They will see that the wards are properly lighted and warmed according to the requirements of the medical officers, and agreeably to the regulations governing the issues of fuel and light.

Supervision over kitchen.

201. They will maintain constant supervision over the kitchen to insure that the ranges and cooking utensils are clean and in good working order; and that all diets and extras are properly prepared, cooked, and distributed.

Periodical exchanges of hospital bedding, &c.

Washing of linen, &c.

202. They will cause to be prepared, if required, and will sign the lists (Army Book 200) for the necessary periodical exchanges by the Commissariat of hospital bedding, linen, and clothing. They will see that articles of hospital bedding, linen, and clothing have been properly washed before they are received for issue; and will at once report any complaints on this matter to the medical officer in charge.

Changes of patients linen and proportion of articles to be supplied.

203. They will see that necessary changes of bed linen, personal linen, and clothing are supplied to patients, and are thoroughly aired before issue. It is calculated that the average number of articles thus supplied to be washed, is for each sick man (or for thirty sick diets issued) every month, from sixty to sixty-five; and to be repaired for the same period from eight to ten. In the event of this

estimate being exceeded the medical officer in charge will certify as to the necessity.

204. They will be responsible for the receipt, custody, and issue of all articles of diet and extras in the steward's stores, and that no unnecessary quantity of supplies is allowed to accumulate in them. Responsibility for steward's stores.

205. They will cause to be prepared and will sign all requisitions for current hospital supplies on the Commissariat or contractors. Requisions for supplies.

206. They will see that the details in requisitions for supplies of every kind are entered on the counterfoils, to be kept as office records; and will sign both the requisitions and counterfoils in full and not by initials only. Counterfoils and signatures of requisitions.

207. They will draw (Army Book 49) articles for cleaning purposes according to the authorised scale (Appendix 15), and see that they are used with economy and effect. No detailed expenditure of each article is required, the requisition signed a second time as a receipt being all that is necessary. Requisition for cleaning articles.

208. They will be responsible that the steward prepares all documents connected with the diets and extras, except the daily statement of diets (Army Form F 739), and the diet sheets (Army Form I 1202), which they will see are prepared by the wardmaster (see paragraphs 302 and 303). Preparation of dieting documents.

209. They will see that the steward correctly prepares daily the provision ticket (Army Form I 1218) from the diet sheets which are sent to him from the wards. Provision ticket.

210. They will, immediately at the close of each month, check and sign the monthly statement of provisions (Army Form F 738), and after signature of the medical officer in charge, transmit it with the daily statement of diets (Army Form F 739), furnished by the wardmaster, along with any other supporting vouchers, to the Commissariat officer in charge. Monthly statement of provisions.

211. They will be responsible that the monthly account of hospital stoppages (Army Form O 1643) is prepared for each corps in hospital by the wardmaster; and will check, initial, and submit them to the medical officer in charge, for signature and transmission to the paymasters, or officers acting as such, of the corps concerned, in accordance with instructions laid down in paragraphs 516 to 521 of these regulations. Preparation of hospital stoppage accounts.

212. They will, during the absence of the medical officers, maintain discipline in the wards, and the hospital generally; and will report to the medical officer in charge at his *next visit, or to the* medical officer on duty, any Maintenance of discipline.

neglect, irregularity, or breach of discipline which may have come under their notice, or with which they may have had to deal.

General supervision over *personnel* of hospital.

213. They will exercise a general supervision over the warrant and non-commissioned officers, and all orderlies and others employed on duties within the hospital, to insure that the orders of the medical officers are duly carried out, and the patients in every way properly attended to.

Relation to nursing sisters.

214. They will, in hospitals where a superintendent and nursing sisters are employed, be careful not to interfere with the orders issued and duties assigned to them ; but will see that they are supported and assisted in their work by all warrant and non-commissioned officers, and orderlies employed in the hospital ; and treated with every courtesy and respect. Any reports they may have to make on the conduct or the duties of the nurses will be made only to the medical officer in charge.

Training of men.

215. They will assist in the instruction and training of the non-commissioned officers and men of the corps in every detail of hospital duty and stretcher drill.

Charge of quarters and barrack accommodation.

216. They will, on behalf of the medical officer in charge, take over officers' quarters, barrack rooms, or other accommodation provided for the Medical Department, or for the detachment of the corps employed in the hospital.

Messing of detachment of Medical Staff Corps.

217. They will be responsible that the messing book Army Book 48) of the detachment of the corps is kept up daily ; that the tradesmen's bills connected therewith are verified as correct ; and that all messing bills and vouchers certified by the officer commanding the detachment, are transmitted as soon as possible after the expiration of the month to the quartermaster in whose payment the men are.

Monthly return of detachments

218. They will prepare the monthly return of the detachment of the corps (Army Form B 62), and submit it to the medical officer in charge, who will insert in his own handwriting remarks as to the conduct, ability, and fitness for promotion of the warrant officers, non-commissioned officers, and privates.

Monthly state of detachments.

219. They will, in like manner, prepare the Monthly State of the detachment (Army Form B 95).

Custody of records, medicines, &c.

220. They will be responsible to the medical officer in charge for the safe custody of the hospital records and books ; and of medicines, surgical instruments and appliances in possession, and for the preparation of returns and requisitions connected with the same.

Hospital *libraries.*

221. They will have custody of the books, games, &c.,

in the hospital library or reading-room, and will cause a register of the same to be kept by the non-commissioned officer acting as librarian. They will see that no books, &c., are admitted into the library except such as have been previously approved by the Secretary of State.

Use of books.

222. They will cause to be issued to the patients such books as may be selected by them. While in use the books will be under the charge of the wardmaster, who will, by close supervision, prevent their being improperly used. Each book will be carefully inspected when returned into the library, and, if damaged, the corps, number, and name of the patient will be written on a slip and placed inside the cover, the signature of the man being obtained thereon as an acknowledgment of the charge. The damaged book will then be put aside and not re-issued until the next inspection.

Inspection of books.

223. They will inspect the books quarterly, or oftener if necessary, for the purpose of recovering losses sustained, or damage done, either designedly or through neglect, and checking the charges already assessed against regiments and corps for the same. The report of the inspection (Appendix 13, "Form A") will be signed by them, and forwarded (in triplicate) through the medical officer in charge to officers commanding the corps concerned, who will sign and return two copies, and cause payment to be made.

Damaged books.

224. A quarterly return (Appendix 13, "Form B") will be rendered, in duplicate, by the quartermaster, through the medical officer, to the Director-General, accompanied by a copy of his inspection report, and an estimate for repairs, by local arrangement, to damaged books, which should not exceed the amount assessed.

Repairs of books.

225. When repairs are executed by local tradesmen, the bill, duly certified, will be forwarded to the district paymaster with one copy of the quarterly return to which it refers, which will contain the War Office authority for the execution of the work.

Personal charges for damaged books.

226. Personal or general charges for damages to books will be assessed as they occur, and the charge slips (Army Book 51) forwarded at once to the officers commanding corps concerned; one of the intermediate counterfoils of the cheque book will be used for the slip referred to in paragraph 222; these charges will afterwards be consolidated on Form A, as directed in paragraph 223.

Books from garrison library.

227. At stations where hospital libraries do not exist, books for the use of patients will be obtained, as directed in paragraph 109, Section XV, Queen's Regulations and Orders for the Army.

Requisitions for books.

228. Half-yearly requisitions for books to replace those charged to the troops and unserviceable by fair wear will be prepared in duplicate (Appendix 13, "Form C"), and submitted to the medical officer in charge for transmission at home through the Principal Medical Officer to the Director-General, and at foreign stations through the Principal Medical Officer and the local authorities.

Duty in districts.

229. A quartermaster attached to a hospital for duty will also, when required, under orders from the Principal Medical Officer, carry out any duty laid down for a quartermaster in districts and commands.

Duties in the field, &c.

230. The special duties of quartermasters attached to field hospitals and bearer companies, and in hospital ships, are laid down in Part 2, Sections IX and X, of these Regulations.

Requisitions for field equipment.

231. When troops are about to go into camp, or take the field on active service, the quartermaster detailed for duty with a field hospital or bearer company will make out and sign the necessary requisitions for stores, camp equipment, &c., and submit them to the medical officer in charge for approval and signature; the date and number of the voucher by which stores are brought on charge will always be quoted upon the voucher acknowledging receipt of the stores.

Camp equipment, &c.

232. Quartermasters will, in framing requisitions for field, camp, or barrack equipment and stores, invariably state whether such is required for hospital services or for the Medical Staff Corps; if for the former, such equipment will be taken in charge in Equipment Ledger, Army Book 248, and if for the latter in Equipment Ledger, Army Book 239.

Issues of camp equipment and stores on loan.

233. Camp equipment or other stores, issued at home to the Medical Department, for reviews or for short periods in camp, will be considered as "on loan." They will be demanded by the quartermaster deputed for the purpose, on Army Form G 974, and will be accounted for to the local senior Ordnance Store officer on Army Form G 973, under paragraph 353 of the Equipment Regulations.

Temporary supply of barrack stores.

234. When barrack stores are temporarily required by the Medical Department to supplement accommodation, they will be supplied on inventory by the Expense Store Accountant, on the demand of the quartermaster under instructions from the principal or senior medical officer. Should tents or bed boards be required for the same purpose, they will be demanded from the Ordnance Store Department "on loan," as directed in the preceding paragraph.

235. Should stores be demanded by the Medical Department at any time for garrison sports, under the sanction of the General Officer Commanding, they will be issued "on loan," as allowed by regulation under paragraph 171 of the regulations for the Ordnance Store Department. Stores for garrison sports.

236. Transfers of the custody of buildings equipment and stores from one quartermaster to another will be witnessed by the medical officer in charge, or by a medical officer deputed by him. Transfers to be witnessed.

237. Captains of Orderlies of the late Army Hospital Corps will perform their duties in the manner laid down for quartermasters in these regulations. Officers of late A.H.C.

IX.—DUTIES OF NURSING SISTERS.

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238. A Lady Superintendent or an Acting Superintendent of nurses, with a staff of trained Nursing Sisters, will be authorised by the Secretary of State, on the recommendation of the Director-General for general and other hospitals; and no nurse will be appointed to, or removed from, a hospital without reference to the Director-General. Employment of superintendent and nurses.

239. The duties of the superintendent and nurses will be confined to the hospital to which they are attached, and they will receive orders and instructions relative to nursing arrangements from the medical officer in charge. All communications they may receive, or reports or suggestions they may have to offer connected with their duties, will invariably be submitted through him and the Principal Medical Officer for the consideration of the Director-General. Duties limited to hospital to which attached.

240. The lady superintendent at the Royal Victoria Hospital, Netley, will, if ordered by the Director-General, visit and report upon the nursing staff of other hospitals. She will not be required to personally undertake the nursing of cases. Superintendent at Netley.

241. The Director-General will nominate Superintendents and Nurses from a list in his office for appointment as vacancies occur in hospitals; but no nurse will be selected or dismissed without his sanction having been previously obtained in each case. Appointment of candidates as superintendents and nurses.

242. The superintendent will in addition to the nursing of her own cases, and charge of her own wards, exercise general control and supervision over the nurses and their servants in the hospital, and will see that all orders, and instructions of the medical officers treating cases, are duly and fully carried out. Superintendent to exercise general control.

Allotment of duties.

243. She will allot specific duties to the nurses, and will place each on duty in one or more wards, as may be considered necessary by the medical officer in charge.

Night duties.

244. She will, under sanction of the Director-General, arrange for night duties when considered necessary, but only when two nurses can be detailed together for such duty.

Duty only in general wards.

245. The nurses will not be detailed for duty in the infectious female wards, nor in the venereal or convalescent wards; but only in the general wards of a hospital.

Hours of duty.

246. They will begin their ward duties each day at such time as may be fixed by the medical officer in charge, and the superintendent will be responsible that they attend at the hour named in proper dress; they will, in like manner, be relieved from duty at a fixed hour in the evening; and will, when possible, be allowed two hours in the day for exercise or recreation.

Responsibility in wards.

247. They will be responsible for the personal cleanliness of the patients in their wards; that all medicines, and appliances, and diets, and extras, are administered to the patients according to the instructions of the prescribing medical officer; and that no supplies of any kind are introduced into the wards without his authority.

Custody of keys.

248. They will keep the keys of such store closets and lock-up places in the wards as may be required for the carrying out of these duties, but nothing belonging to the wards will be kept in the nurses' room.

Presence at operations.

249. They will be present, and render assistance at surgical operations, if required.

Orderlies to assist.

250. They will be assisted in the wards by orderlies of the Medical Staff Corps, to whom they will give such instructions as may be necessary for the carrying out of the various duties in the wards.

Training of orderlies.

251. They will, under the medical officers, assist in training the orderlies in nursing duties, in the mode of handling patients, the application of dressings, and in the administration of medicines, diets, and extras.

Relation to wardmaster.

252. They will at once report any neglect of duty, or impropriety of conduct, whether on the part of the orderlies or of the patients, to the wardmaster, who is responsible for discipline in the wards.

Reports to superintendent.

253. They will, when in doubt or difficulty, in any matter, at once report the same to the superintendent, who will bring it to the notice of the medical officer in charge; or, in his absence, or on an emergency, to the medical officer on duty.

To accompany medical

254. They will accompany the medical officer of a division, or the prescribing medical officer of a ward when

visiting the patients, and will duly note all orders given with reference to the sick, and will implicitly carry out the same. officers in wards.

255. Any change in the arrangement of the general nursing duties considered desirable will be referred to the superintendent, who will carry it out under the direct orders of the medical officer in charge. Changes in general arrangement.

256. The superintendent will be responsible that due order and regularity are maintained in the rooms occupied by the nurses and their servants, and will arrange the hours at which they may receive visitors. Rules for nurses' rooms.

257. The medical officer in charge will notify to the superintendent any neglect or misconduct on the part of a nurse, and, if necessary, will direct the suspension of the nurse from duty, pending reference to the Principal Medical Officer, and if necessary to the Director-General. Misconduct and suspension of nurses.

258. The superintendent will yearly, or when ordered to do so, submit a confidential report, through the Principal Medical Officer, to the Director-General, on the conduct, capabilities and manner of performing duty of each of the nursing sisters serving under her; and will state whether she considers them fit in every respect for advancement to the post of superintendent. Confidential reports from superintendent.

259. Short leave of absence for nurses beyond the hours allowed daily for exercise or recreation, but not exceeding seven days, will be granted in writing by the superintendent, with the concurrence of the medical officer in charge. Short leave of absence to the superintendent or acting superintendent will be granted by the Principal Medical Officer; but all leave exceeding seven days, or for an extended period, whether to the superintendent or to the nurses, will be referred to the Principal Medical Officer, for the consideration of the Director-General. Leave of absence.

SECTION IV.—THE MEDICAL STAFF CORPS.

I.—General Regulations.
II.—Staff Officer.
III.—Paymaster.
IV.—Depot and Training School.
V.—Serjeants-Major.
VI.—Duties of Wardmasters and Assistant Wardmasters.
VII.—Duties of Stewards.
VIII.— " Compounders of Medicines.
IX.— " Pack Storekeepers.
X.— " Cooks.
XI.— " Orderlies.

I.—GENERAL REGULATIONS.

Organization and duties.

[illegible]. The Medical Staff Corps is organized for duties in connection with the hospital service of the army, and is an integral part of the Medical Department.

Administration and command.

[illegible]. In accordance with Art. [illegible] of the Royal Warrant relating to Pay, &c., as amended in Clause [illegible], Army Circulars, [illegible], "The officers of the Medical Staff shall be the officers of, and shall command the Medical Staff Corps, as well as all patients in military hospitals, and such officers non-commissioned officers, and men as may be attached for duty to the Medical Staff Corps, but they shall not hold any military command outside the corps."

Divisions of the corps.

[illegible]. The corps is divided for administrative purposes at home into divisions corresponding with the districts held by Principal Medical Officers; men of the corps on foreign service are treated as in detachments.

Discipline.

[illegible]. The Principal Medical Officer, subject to the General Officer Commanding the district or command, has supreme authority in matters of discipline affecting the Medical Staff Corps in his district.

Mode of filling the ranks.

[illegible]. The ranks of the corps are filled by recruits enlisted direct for the corps, or by non-commissioned officers and soldiers who volunteer from the ranks of the army; such volunteers undergo a period of three months' probation.

265. All appointments to the rank of Quartermaster Medical Staff are made by selection from the warrant officers of the corps, except under special circumstances. **Commissions by selection from the warrant officers of the corps.**

266. Before a first-class staff serjeant can be promoted to warrant rank, an examination in the following subjects must have been satisfactorily undergone, viz. :— **Examination for warrant rank.**

(*a*) The duties of quartermasters in districts, and in general, station, and field hospitals.

(*b*) Duties in connection with bearer companies and ambulances.

(*c*) Drill, written and practical, including bearer-company and stretcher drill.

(*d*) Interior economy—clothing, equipment, and payment of the men.

(*e*) Conduct of general medical stores, and charge of medicines and instruments in possession.

267. All recommendations for promotion of privates to the rank of non-commissioned officer, or of non-commissioned officers to a higher grade, will be submitted to the Director-General through the Principal Medical Officer of the district in which the men are serving. Such recommendations will be made on the prescribed form in the Monthly State (Army Form B 95), and all first recommendations will be accompanied by a letter stating fully the reasons for considering a man fit for and deserving of promotion. A private to be eligible for promotion, or a non-commissioned officer for further advancement, must have been 12 months clear of an entry in the regimental, and 6 months clear of an entry in the company defaulter book. No private will be eligible for promotion unless two years have elapsed from date of conviction, or expiration of sentence awarded by court-martial. **Recommendations for promotion.**

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268. The following general rules will govern promotion in the corps :— **General rules governing promotion in the corps.**

(1.) A private is not eligible for promotion to any non-commissioned grade unless—

(*a*) He is in possession of a second class certificate of education.

(*b*) He has passed through a class of instruction in the training school at the depôt of the corps.

(*c*) He is certified by a medical officer to be able to instruct a squad in stretcher drill.

(*d*) He has passed a satisfactory written examination on the following subjects :—

The human body, including the names, positions, &c. of the principal arteries, and the mode of arresting *hæmorrhage*.

The mode of carrying wounded men off the field, especially with reference to the nature and position of wounds or injuries from which the men may be suffering.

The application of fomentations, poultices, plasters, blisters, leeches, injections, liniments, &c.

The mode of making and applying bandages, minor dressings, trusses, and lining splints.

The management of helpless patients with reference to moving, changing, cleaning, feeding, and administration of medicines.

The names, uses, and appearances of the various surgical instruments and appliances in general use.

The mode of resuscitating a person rescued from drowning.

The best mode of cleaning windows, ward floors, hospital furniture, and utensils.

The use and mode of observing and noting the range of meteorological instruments, but more particularly the thermometer, as used for testing the temperature of baths, wards, &c.

The method of regulating the ventilation of wards, and the objects of such ventilation.

The observation of the sick as regards appetite, intelligence, breathing, sleep, secretions, expectoration, pulse, skin, state of wounds, eruptions, &c., with a view of testing his ability to give an intelligible account of a patient's condition between the visits of the medical officer.

The use, when practicable, of ambulances, and of medical field equipments.

His knowledge of cooking and of the preparation of the various forms of drinks commonly used in military hospitals will also be ascertained and reported upon.

5. A recruit is not eligible for any higher promotion until he has passed as a compounder of medicines.

6. In special and exceptional circumstances the above rules may be departed from in the case of non-commissioned officers or men who specially distinguish themselves, or who display exceptional proficiency as cooks, nurses, or drill instructors, but not for promotion, they must be above the rank of sergeant.

7. A non-commissioned officer is not eligible for promotion to warrant rank until he has passed the examination laid down in paragraph 200 of these Regulations, which examination will not take place before he has attained the rank of lance-corporal and upwards.

(5.) Medical Officers will be careful to avoid recommending non-commissioned officers or privates for promotion who have not complied with the above regulations.

4846 / 1781 **269.** All recommendations for the advancement of Privates to the 1st and 2nd Class will be made by the medical officer under whom they are serving to the Principal Medical Officer of a district or command, who, if he concurs in the advancement, will submit the names to the Director-General for his sanction for the issue of the higher rate of departmental pay. **Classification of orderlies.**

II.—STAFF OFFICER, MEDICAL STAFF CORPS.

270. The Head-quarters of the Corps will be at the office of the Director-General of the Medical Staff. **Head-quarters.**

271. In accordance with Article 307*b* of the Royal Warrant relating to Pay, &c., as amended in Clause 182, Army Circulars, 1884, "An Officer of the Medical Staff, selected by the Director-General and approved by Our Commander-in-Chief, shall be appointed Staff Officer of the Medical Staff Corps;" he will be stationed at the office of the Director-General. **Appointment and station.**

272. He will carry out the arrangement, distribution of and promotion in the corps under the orders of the Director-General, and will perform all such duties in connection with the corps as are necessarily required at headquarters. **Duties.**

273. Quartermasters of the Medical Staff, and warrant officers, non-commissioned officers, and privates of the Medical Staff Corps, will be detailed by him for districts and stations under orders from the Director-General. **Detailing for districts and stations.**

274. The records of the entire corps, including those of the Reserve, will be kept by him at the office of the Director-General. **Records at head-quarters.**

275. He will be furnished with certified extracts, on Army Form A 10, of the proceedings of general and district courts-martial held on men of the corps at the several stations, also of field, general, and summary courts-martial on active service; and with the originals (Army Form B 297) of regimental courts-martial. The officer in command of the detachment will be held responsible for the transmission of these documents to the headquarters of the corps. **Courts-martial.**

G.O. 69 of 1884. **276.** He will have command of the 1st Class Army Reserve of the Medical Staff Corps, as regards absence, discharge, and for all purposes of medical inspection, training, and mobilization. **Command of 1st class Reserve.**

277. In accordance with Section XXII, paragraph 1, **Books kept at head-quarters.**

Queen's Regulations and Orders for the Army, 1883, the following books will be kept by him at headquarters of the corps :—

Permanent order book (A.B. 82).
Record of quartermaster's services (A.B. 83).
Portfolios of original attestations (A.B. 234).
Casualty book (A.B. 156).
Register of furloughs (A.B. 86).
Register of marriages and baptisms (A.B. 91).
Register of certificates of education (A.B. 13).
Seniority rolls of warrant and non-commissioned officers, and of privates qualified for promotion.
Register of Privates classified as 1st and 2nd Class Orderlies.
Nominal and descriptive list of men transferred to Army Reserve (A.B 249).
General defaulters' books (special).

III.—PAYMASTER.

Duties of the Staff paymaster at headquarters.

278. The Paymaster of the corps is an officer of the Army Pay Department; all advances of cash to quartermasters charged with the payment of the divisions in districts at home are made by him; and all accounts connected with the payment of the corps serving at home pass through his hands.

Sub-accountants.

279. The quartermasters charged with the payment of divisions in districts at home are sub-accountants to him.

Payment of reserve of corps.

280. He also pays men of the corps who have been passed into the Army Reserve, and he will be responsible for the payment of the 1st Class Army Reserve of the Medical Staff Corps irrespective of the district in which they may be residing. G.O. 18

IV.—DEPÔT AND TRAINING SCHOOL.

Command of depôt and establishment.

281. The Depôt and Training School of the corps is at Aldershot, and is under the immediate Command of a medical officer, appointed specially by the Director-General. The medical officers performing the duties of Instructor and Assistant-Instructor, as well as the warrant and non-commissioned officers and men employed in the training school, form part of the depôt.

Attached Quartermasters.

282. Attached to the depôt there are also three Quartermasters, one to act as adjutant, one to act as quartermaster, and one for pay duties.

Division

283. For the purposes of discipline, the depôt and

training school is divided into two companies, each under the command of a medical officer. *Into two companies.*

284. All recruits posted to the corps will, in the first instance, join the depôt, and be put through a course of recruit drill. Transfers to the corps from other regiments will not be put through a course of recruit drill. *Recruits and transfers.*

285. Recruits on being dismissed from drill, and transfers on joining, will be placed at the disposal of the medical officer performing the duties of Instructor, for the purpose of going through a course of professional instruction, and of stretcher and bearer-column drill. They will not be removed from the depôt, or employed in any hospital duty during this course of training. Before being detailed as hospital orderlies, recruits and transfers will be sent to a station hospital for instruction in attendance on the sick, and in general ward duties. *Disposal of recruits and transfers.*

4846 1480 and 1792 **286.** When a class of instruction is dismissed, the officer commanding will be responsible that an entry is made in the pocket ledger of each man who has passed a satisfactory examination, to the effect that he has gone through a course of instruction in "stretcher and ambulance drill, and field dressing"; and will also similarly record in the copy attestation, "Passed class of Instruction, Training School, Medical Staff Corps, Aldershot. He will certify to the headquarters of the corps that this has been done. *Records of recruits passed in drill.*

4846 1541 and 1707 **287.** The officer commanding will render to head-quarters, through the Principal Medical Officer, Aldershot a "Weekly Return of Arrivals and Departures," as well as a nominal roll of trained non-commissioned officers and men present with, and supernumerary to, the fixed establishment of the depôt. *Weekly Return to head quarters.*

288. Warrant officers, non-commissioned officers, and men required for service abroad will, under orders from head-quarters in all practicable cases, be assembled at the depôt, at Aldershot, from out-stations prior to embarkation, in order that they may be clothed, equipped, and settled with according to regulation. They will be supplied with sea kits, and, if proceeding on Indian trooping service, will also receive the duck clothing issued under paragraph 396 of the Clothing Regulations. *Embarkation for foreign service.*

289. When details of the corps are ordered to proceed from out stations to Aldershot, to prepare for foreign service, they will be medically inspected as to their fitness for such service, and men found unfit will be detained at their stations, and a report of the circumstance immediately forwarded to headquarters. *Medical inspection before proceeding on foreign service.*

Men on establishment not to be employed in station hospitals.

290. The non-commissioned officers and men on the establishment of the depôt and training school will not be transferred to other stations, or for duty in the station hospitals of the Aldershot division, without the special sanction of the Director-General.

P.M.O., Aldershot to visit and report.

291. The Principal Medical Officer at Aldershot will frequently visit, and make a minute half-yearly inspection and report on the depôt and training school.

Officer in command accounting officer.

292. The officer in command will be the Accounting Officer for all clothing and equipment of the Medical Staff Corps of the 1st division at Aldershot as well as of the men of the depôt; and also for all stores and equipment held for instructional and other purposes connected with the depôt and training school; the former will be accounted for in the Equipment Ledger (Army Book 239), and the latter in the Ledger, Army Book 248, which will be rendered for examination to the Surveyor-General of the Ordnance, War Office.

V.—SERJEANTS-MAJOR.

Rank as warrant officers.

293. Serjeants-Major are Warrant Officers promoted by selection from the ranks of the duly qualified staff serjeants of the corps.

Act as quarter-masters.

294. They will act when required to do so as quarter-masters, and will be guided in such duties by the regulations laid down for these officers.

Act as ward-masters.

295. They will act in the capacity of chief wardmasters in general, station, and field hospitals, and in hospital ships.

Duties in districts, and in the field.

296. They will also perform such duties as may be required of them at headquarters of the corps, in districts and commands, and when attached to bearer companies and hospitals in the field.

VI.—DUTIES OF WARDMASTERS AND ASSISTANT WARDMASTERS.

Act under orders of medical officer in charge.

297. The warrant or non-commissioned officer performing the duties of Wardmaster or Assistant Wardmaster will be responsible to, and act under the orders of the medical officer in charge; he will also carry out the instructions of the prescribing medical officers, relative to the sick in the wards, and will, in the performance of his duty, exercise patience, gentleness, and at the same time firmness in dealing with patients, and see that the orderlies act in a similar manner.

Responsibility of chief wardmaster for discipline.

298. In large hospitals the chief wardmaster will invariably be the senior warrant or non-commissioned

officer employed in the hospital, and in the absence of a quartermaster will be responsible to the medical officer for the order and discipline of the whole hospital establishment, including both patients and attendants, and will exercise supervision over the duties of the steward, cook, pack-storekeeper, and compounder.

Responsibility of assistant wardmaster for discipline

299. The assistant wardmaster will be responsible under the chief wardmaster for the maintenance of discipline among the patients and orderlies of the Medical Staff Corps, or of other corps doing duty in the wards under his charge.

Relation to superintendent and nursing sisters.

300. In hospitals where a lady superintendent or acting superintendent and nursing sisters are employed, he will in no way be relieved of full responsibility for discipline, but will be careful not to interfere with the duties assigned to the superintendent, or with the orders she may give to the nurses; he will see that the orderlies give ready and efficient assistance to the nursing sisters in all matters connected with attendance on the sick, and the carrying out of ward duties.

Instructions as to genera duties.

301. The duties of the Wardmaster will be performed with the utmost punctuality, and in accordance with the following instructions:—

(*a*) He will see that the passages and wards are swept and dry rubbed, and that the furniture and utensils are thoroughly cleaned every day, that ventilation, as directed by the medical officer, is properly maintained, and that the lighting and warming of the wards are attended to. The floors of wards will never be washed while occupied, except under orders from the medical officer.

(*b*) He will be responsible for the cleanliness and proper use of all waterclosets, bath and ablution rooms.

(*c*) He will see that all duties in the hospital are performed with the least possible noise, especially at night.

(*d*) He will see that every patient who is allowed to be up rises at the regulated hour, is properly washed shaved, and dressed, and that the bedding is freely exposed to the air at least for one hour before the bed is remade.

(*e*) He will go round the wards at breakfast, dinner, and tea, and see that the meals are served with regularity, that the patients conduct themselves in an orderly manner, and that the utensils are washed and put away after each meal.

(*f*) He will see that the orderlies are careful and regular in the discharge of their duties, that they are cleanly in their persons, punctual in attendance, kind and gentle to the sick, and especially so to those seriously ill.

(*g*) He will see that every patient is in his proper place previous to the morning visit of the medical officers.

(*h*) He will accompany the medical officer in his visits round the wards, and carefully note his instructions and orders.

(*i*) He will, when ordered to do so, perform all clerical duties required by the medical officer; in the larger hospitals the assistant wardmaster or a specially appointed clerk, will perform such duties.

(*j*) When men are admitted to hospital he will see that they are washed, that their kits are handed over to the pack storekeeper, and that they are supplied with hospital clothing and necessaries to be obtained from the steward's store on requisition (Army Book 42). A list of these articles will be found in the Appendix, No. 11.

(*k* He will be responsible that all moneys, medals, or trinkets which may be in the possession of a patient on admission, or which may be at any time afterwards received for the use of a patient in hospital, are handed over in the presence of the patient, to the quartermaster, or (in his absence) to the steward, who will give a receipt in duplicate for the articles so delivered; one copy of the receipt will be handed to the patient, and the other forwarded to the man's immediate commanding officer.

(*l*) He will receive from the steward the wines, spirits, or malt liquor ordered for the patients, and be responsible for the correct distribution of these extras in accordance with the orders of the medical officers.

(*m*) He will be responsible for the administration at the proper intervals of the medicines ordered, and will carry out the instructions of the medical officers with regard to such minor dressings as may be delegated to him.

(*n* He will accompany through the wards any military officer authorised to visit the hospital.

(*o*) He will be careful to note the religious persuasion of every patient on the diet sheet.

(*p*) When men are discharged from hospital he will parade them at the proper hour, and see that their kits, moneys, medals, &c., are correctly delivered over to them; he will then hand the men over to the non-commissioned officer whose duty it is to march them to barracks.

(*q*) He will see that every patient is supplied with a clean shirt and a clean pair of socks twice a week, or oftener if necessary, and with clean sheets once a week, or more frequently if necessary; also that non-commissioned officers while patients in hospital wear chevrons denoting their rank; when confined to bed the chevrons will be placed over the bed head ticket of the patient.

(*r*) He will see that every patient is in bed by 9 o'clock p.m. in winter and 10 o'clock p.m. in summer, and that no conversation is permitted after these hours. He will see that lights are put out, or gas lowered at the proper time; and will make his report according to instructions received to the quartermaster (if living within the hospital) or to the orderly or other medical officer.

(*s*) When any case of a serious nature, requiring urgent attendance, is in hospital, he will be careful to visit such patient at intervals, to see that he is being properly cared for, and that nourishment and medicine are administered according to the instructions of the medical officer.

(*t*) When a death takes place he will report it to the medical officer in charge as soon as possible, take the necessary steps for the removal of the body to the dead-house, and be responsible for its being placed there with the utmost decorum and propriety.

(*u*) He will not leave the hospital without formally placing someone in charge of his duties.

Entries in admission and discharge book and on diet sheets.

302. When men are admitted into hospital he will, under instructions from the medical officer in charge, at once enter their names and particulars from the company sick reports into the admission and discharge book (Army Book 27), and at the same time will fill in the headings of the diet sheets (Army Form I 1202). In large hospitals the assistant wardmaster will perform this duty.

Preparation of Army Form F 739.

303. He will immediately after the daily diets and extras are entered on the diet sheets by the medical officer transmit them to the steward, who will return them to

him along with a copy of the provision ticket (Army Form I 1218); from the latter he will enter an abstract of the diets and extras on Army Form F 739, and submit it for the daily signature of the medical officer. This is the only dieting form prepared by the wardmaster, and is forwarded to the Commissariat along with Army Form F 738.

Monthly account of stoppages.

304. He will prepare, initial, and submit for the signature of the medical officer in charge, the monthly account of stoppages (Army Form O 1643) for each corps in hospital, according to instructions laid down in paragraphs 516 to 521 of these Regulations.

Monthly returns of detachment.

305. He will, when there is no quartermaster attached to the hospital, make out the Monthly return of detachment, Medical Staff Corps (Army Form B 62), and monthly state of detachment (Army Form B 95).

Responsibility for ward equipment.

306. He will be responsible for the proper care of the hospital equipment and books of the wards in his charge, and will, by daily inspection, ascertain that no damage is done thereto.

Personal charges for damages in wards.

307. He will immediately report to the quartermaster, or in his absence to the steward, all damages and deficiencies in wards chargeable against patients, orderlies, or others, in order that the same may be entered and recovered by means of the personal charge book (Army Book 51) according to instructions contained in paragraphs 197 and 198 of these Regulations. (See Appendix No. 70.)

Charge of library books.

308. He will have charge of books issued to patient-from hospital or garrison libraries, and will prevent any improper use of them; all damages to them he will at once notify to the quartermaster, or to the steward, in order that the amount may be assessed and recovered by means of the personal charge book, as laid down in paragraphs 222 to 226 of these Regulations.

Writing materials for patients,

309. He will submit all applications from patients for stamps and writing material to the medical officer in charge of the ward, who will exercise his discretion in authorising the issue of the same; requisitions for these articles will be made on Army Book 30.

Unauthorised articles not to be introduced into wards

310. He will be responsible that no money, articles of diets or extras, books, tracts, pictures, or unauthorised articles of equipment, are introduced into the wards without the previous sanction of the medical officer in charge.

VII.—DUTIES OF STEWARDS.

Responsibility to medical

311. The Steward in every general, station, and other hospital will perform his duties under the orders of, and

be responsible to, the medical officer in charge; and when a quartermaster is attached will act immediately under that officer. Officer in charge.

312. He will, in hospitals where no quartermaster is attached, be responsible to the medical officer in charge for the custody and care of the hospital buildings, out-offices, libraries, and enclosures; and for the furniture, equipment, and stores of all kinds received over from the Commissariat, as laid down in paragraphs 479 to 486 of these Regulations. Responsibility for buildings, equipment, and stores.

313. He will, in hospitals where no quartermaster is attached, carry out all duties belonging to the steward's branch as laid down for quartermasters in Part 1, Section III of these regulations, and will prepare and initial requisitions and returns, submitting them for the approval and signature of the medical officer in charge. Duties in the absence of a quartermaster.

314. He will prepare and sign requisitions for current hospital supplies on the Commissariat or on contractors. Requisitions for supplies.

315. He will be responsible for, and have charge of, provision, wine, and beer stores of the hospital, and of all hospital bedding, clothing, and other stores not actually in use in the wards or other parts of the hospital under charge of the wardmaster, or compounder. Responsibility for certain stores.

316. He will be responsible that the provision store is kept well supplied with everything required for the sick, and he will, with this end in view, prepare in proper time requisitions upon the contractors for such supplies; but he will be careful to prevent undue accumulation of any articles in store. Provision store.

317. When supplies of any kind are delivered, he will sign on the back of the requisition in acknowledgment of their receipt. Without such acknowledgment the requisition will not be accepted as a voucher in support of the contractor's account. Full signature, with rank and designation, will invariably be attached to requisitions, receipts, and counterfoils. Receipts on delivery of stores.

318. He will examine, upon receipt into store, all articles of diet and extras, and should he find anything deficient or not equal to contract sample, will at once bring it to the notice of the quartermaster, if present, or to the medical officer in charge. In no case will the quality of supplies be dealt with otherwise than by the medical officer. Examination of articles supplied.

319. He will keep the provision store account on Army Form F 735, in which the number and description of all diets, extras, and all issues made, must be carefully entered from day to day, to enable the state of the Provision store account and daily record of diets.

provision account to be inspected, and its correctness ascertained at any moment; on this form he will also keep a daily record of the number and description of diets and extras issued to each ward. The form will be filed in the hospital as an office record, to be produced at inspections.

Receipts issues and remaining account of.

320. On the last day of each month, or more frequently if required, he will in the absence of a quartermaster prepare and sign the statement on Army Form F 738, of all provisions received, issued, and remaining during the period, for countersignature of, and transmission along with Army Form F 739, through the medical officer, to the Commissariat.

Provision ticket.

321. He will prepare Army Form I 1218 in duplicate from the daily diet sheets (Army Form I 1202) sent to him by the wardmaster, and will give one copy to the cook, to enable him to regulate the diets for the respective wards, and the other copy to the wardmaster, to enable the latter to prepare Army Form F 739.

Issues to cook and wardmaster.

322. He will issue daily to the cook all articles of diet for the hospital, at such times as may be fixed by the medical officer in charge; and will issue the extras, without delay, to the wardmasters on receipt of the diet sheets.

Preparation and issue of meals.

323. He will be present in the kitchen at the issuing of the meals, and will see that they are properly prepared, and punctually and correctly served and distributed to the various wards at the prescribed time.

Cooking utensils and kitchen fires.

324. He will see that the cooking utensils are kept clean and used only for the purposes for which they are provided; that no waste or slovenliness is permitted, and that the fires are extinguished every evening at 9 o'clock, unless specially required after that hour.

Issues for cleaning purposes.

325. He will keep an account of all issues to wards and offices of soap, soda, &c., for cleaning purposes, and will bring to notice any large or unusual demand for such articles, the issues of which will be made in accordance with the authorised scale.

Issue of stores.

326. He will be guided wholly by the orders of the medical officer in charge as to the arrangement and issue of stores; and it will be his duty to treat all persons delivering or drawing stores with civility and courtesy.

Custody and issue of articles in store.

327. It will be his duty to see that the provisions and medical comforts and other articles in the store are carefully kept; that the supplies first received are all expended before any subsequent supplies are issued; that no loss takes place from neglect or carelessness on the part of the issuers employed in the store, and that the store and its

appurtenances are kept clean and in good order; also that all weights and measures are correct in every respect.

328. He will not allow smoking in the store, or any slovenliness or irregularity on the part of issuers or others. *Discipline in store.*

329. He will prepare the return of fuel and light (Army Form F 725) and be responsible for the custody and correct issue of the same; he will also keep an account of receipt and distribution of such supplies. *Fuel return.*

330. He will frequently inspect the hospital out-buildings, grounds, &c., taking care that any defect or damage discovered is brought at once to the notice of the quartermaster if present, otherwise to the medical officer in charge. *Inspection of hospital out-buildings.*

331. He will have charge of the bedding and linen store, and will carefully inspect all bedding and clothing brought for exchange. If any article be found injured or stained apparently in consequence of neglect he will draw the attention of the person delivering the same to the fact, and will thereupon mark and lay it aside for the inspection of the quartermaster if present, or of the medical officer in charge, with a view to the amount of damage being assessed; but if the article forms part of a personal equipment, steps will at once be taken to investigate the case, for the purpose of preferring a personal charge if necessary. He will also be careful that personal linen is properly aired before it is issued to patients. *Charge of bedding and linen store.*

332. He will retain the personal charge book (Army Book 51) and be responsible that it is correctly kept, and that charges for damages and deficiences are properly assessed and recovered agreeable to instructions laid down in these regulations. (See Appendix No. 70.) *Responsibility for personal charge book.*

333. He will be responsible in hospitals where no quartermaster is attached, that the messing book (Army Book 48) is kept up daily, and that all the messing accounts of detachments of the corps are duly settled as laid down in paragraph 217 of these regulations. *Charge of detachment messing book.*

334. All transfers of custody of buildings, equipment, supplies, and stores between stewards will be witnessed either by a quartermaster or a medical officer. *Transfers between stewards.*

VIII.—DUTIES OF COMPOUNDERS OF MEDICINES.

335. The Compounder of Medicines will be responsible to and perform his duties directly under the medical officer in charge of the hospital in which he is employed, but will also act under the instructions of the quartermaster when present. *Responsibility to medical officer in charge.*

Facility to be given for training.

336. Every facility will be given for the systematic training of eligible non-commissioned officers and men in the duty of compounding medicines, and full particulars regarding the progress made by those under instruction will be given in the monthly return of detachment (Army Form B 62).

Eligibility of privates for examination.

337. No private will be eligible for examination as a compounder of medicines until he has obtained a second class certificate of education, and has passed the examination for the non-commissioned grade in the corps laid down in paragraph 268 of these regulations.

Qualifications for compounder of medicines.

338. Non-commissioned officers or privates desirous of qualifying will undergo a course of training and instruction under the personal superintendence of the medical officer in charge, or of a medical officer deputed by him, and under a duly qualified compounder in the surgery of a hospital for at least six months in the following subjects:—

(*a*) Familiarity with Latin names and words used in prescriptions, as well as of the printed labels used in a dispensary.

(*b*) *Pharmacy.*—A knowledge of the various articles of Materia Medica, and preparations in the British Pharmacopœia.

(*c*) *Drugs and pharmaceutical remedies.*—Appearances, taste, odour.

(*d*) *Medicines containing active ingredients.*—Their composition, and exact quantities of the important ingredients.

(*e*) *Poisons.*—Names, characters, dangerous doses, antidotes, and remedial measures to be adopted in cases of overdose.

(*f*) *Infusions and decoctions.*—Preparation and preservation.

(*g*) *Fomentations.*—Preparation and application.

(*h*) *Extracts.*—Preservation and characters, when altered by age, climate, or neglect.

(*i*) *Tinctures and liniments.*—Strengths, preparations, and composition.

(*k*) *Lotions and washes.*—Preparation and mode of application.

(*l*) *Prescriptions.*—Reading, making up, labelling, and mode of administration of the remedies ordered

(*m*) *Chemical cabinet* (when available).—Contents, uses, and preservation. (Appendix No. 37.)

(*n*) *Instruments, surgical and other appliances.*—Knowledge as to the names and proper care.

(*o*) *Returns.*—The preparation of all returns, requisi-

tions, and other documents required for the receipt, expenditure, and supply of surgical instruments, medical stores, medicines, &c.

339. When eligible and reported competent by the medical officer in charge of the hospital where they are serving, or where they have undergone training, the authority of the Director-General will be obtained for their examination by a board of medical officers. **Application for examination.**

340. The board will conduct the examination as follows :—

(*a*) They will submit at least three questions to the candidate under each head, seriatim, as laid down in paragraph 338 ; the questions will be in the hand-writing of a member of the board, on one side of a folded sheet of paper, and the answers on the opposite side in the handwriting of the candidate, who will further sign his name at the bottom of each page. **Knowledge to be tested.**

(*b*) They will frame the questions so as to test the candidate's knowledge of the uses and doses of medicines, and the composition and modes of preparation of the principal formulæ of the British Pharmacopœia.

(*c*) They will practically test his acquaintance with the various drugs by his ability to recognise them, and by statements as to their pecularities and the best modes of preserving them.

(*d*) They will be particularly careful as to his thorough knowledge of the appearance and doses of all poisons, their actions and antidotes.

(*e*) They will satisfy themselves of his aptitude in pharmacy and compounding, by making him read prescriptions and actually dispense them in their presence.

(*f*) They will test practically his knowledge of the names, uses, and means of preservation of surgical instruments and appliances, of the contents and uses of the chemical cabinet, and also his capabilities in framing all returns and requisitions connected with medical and surgical stores.

341. The board will certify in their proceedings (Army Form A 2) that the examination has been fully conducted according to the foregoing instructions, and will state their opinion of the candidate's fitness for the duties of a compounder of medicines. The proceedings will then be forwarded through the Principal Medical Officer, who will signify whether he concurs in the opinion of the board, **Proceedings of examining board.**

to the Director-General, whose approval must be recorded before any non-commissioned officer is considered qualified.

Re-examination of candidates who fail to pass.

342. Candidates who fail in any particular branch of the examination may be remanded for further study and re-examination in that branch only; but candidates who fail generally, will not be eligible for re-examination under three months.

Responsibility for medical stores.

343. The compounder will, when duly qualified and appointed, be responsible to the medical officer in charge for all medical stores, surgical instruments, and other appliances entrusted to his custody.

Charge of surgery.

344. He will be charged with the care of the surgery and its contents, the methodical arrangement of all drugs and their economical use; the safe and proper custody of the poisons (always under lock and key, see paragraph 900 of these Regulations), the cleanliness of the surgery and all utensils, and the regularity and punctuality of all details in the issue of medicines.

Dispensing of prescriptions.

345. He will himself dispense all prescriptions, and under no pretence will any delegation to another of such an important duty be tolerated; if at any time he is in doubt as to the nature of prescriptions, he will before dispensing them immediately refer for instructions to the nearest medical officer; he will copy into a book (Army Book 39) all prescriptions received from outside the hospital, and will keep the originals filed ready for inspection.

Returns of medical stores.

346. He will, under the personal supervision of the medical officer in charge, keep and prepare all returns and forms required for the receipt, expenditure, supply of medical stores, surgical instruments, appliances, and medicines, initialed by himself, or by the quartermaster if present, for the signature of the medical officer in charge.

Regulation to whom applicable.

347. The foregoing regulations, from paragraph 338 to 342, also apply to non-commissioned officers and privates of other corps and departments desirous of qualifying as compounders of medicine.

IX.—THE DUTIES OF PACK STOREKEEPERS.

Responsibility to medical officer in charge.

348. In hospitals where a Pack Storekeeper is sanctioned the non-commissioned officer or private in charge of the pack store will perform his duties under the orders of and be responsible to the medical officer in charge, and will act under instructions from the quartermaster or steward of the hospital.

To be present when *patients admitted.*

349. He will be present on all occasions when admissions into hospital take place; to receive over the patient's *effects* to examine them, and to enter a list of the articles

in both foil and counterfoil of the pack store check book (Army Book 182).

350. After completing the inventory of a kit, he will tear out the duplicate list, and hand the same, duly signed by himself, and endorsed by the patient (if able), or (if unable) by the orderly of the ward, to the wardmaster; after which the pack storekeeper will be responsible for the custody and preservation of the property committed to his charge. Charge of contents of kit.

351. He will hand over to the care of the quartermaster, if attached to the hospital, otherwise to the wardmaster, all moneys or other valuables which he may find in the kit or clothing belonging to the sick, noting in the check book the property thus transferred. Moneys, &c., of the sick.

352. The condition of a man's effects when received will be indicated in the face of the list thus, *N* for new, *G* for good, *B* for bad, and *W* for worn. Great care will be observed in registering the articles correctly, so that no dispute may arise on the discharge of a man from hospital. Condition of effects of sick.

353. The pages of the check book will be numbered consecutively; the man's name and regimental number, and regiment or corps will be entered, and the number of the page in the check book will be attached to his kit. Mode of keeping check book.

354. On the discharge of a patient, he will receive his kit again from the store, on the production by the wardmaster of the duplicate list (mentioned in paragraph 350) the patient will endorse the counterfoil on taking over his kit. Issue of kits from store.

355. The kits or other effects will be carefully put up and arranged on the shelves of the store, in numerical order, each pack having attached to it the check book number. The packs will not be placed too closely together on the racks; and the stores will be kept dry and well aired. Arrangement in store.

356. The pack storekeeper, on the receipt of the patient's kit into the pack store, will brush and clean the clothing belonging thereto. Contents of packs to be cleaned.

357. He will separate all soiled linen from the kits, and attach to each article a number, on cloth, corresponding to that on the pack to which it belongs. Mode of keeping kits.

358. He will enter in a book kept for the purpose, the regiment, number, and name, of each man admitted, and a list of the soiled articles belonging to him, and the number of the pack to which they belong. Admission book.

53 Cape 187 **359.** The soiled articles will be immediately sent to the laundry, or washing contractor (the expense of the washing being borne by the public), and on their being sent back they will be replaced in their respective packs. Disposal of soiled articles

360. *The pack storekeeper* will frequently inspect and Inspection and airing of kits.

air the contents of the kits to preserve the clothing from damp and moth, and will keep the stores at all times clean and in good order.

Access to packs not allowed.

361. He will not allow access to the packs, nor deliver any articles to patients except on the sanction of the medical officer in charge.

Smoking not allowed.

362. He will not allow smoking in the pack store.

Other duties of pack store keeper.

363. The non-commissioned officer or private in charge of the pack store may be required to give assistance in other stores, or to perform any duty that may be allotted to him.

Duties in field hospitals.

364. The duties of a pack store keeper connected with hospitals in the field are laid down in Part 2, Section IX, of these Regulations.

X.—DUTIES OF SERJEANT OR CORPORAL COOKS, AND ASSISTANT COOKS.

Responsibility to medical officer in charge.

365. The non-commissioned officer or private performing the duties of Cook or Assistant Cook will act under the orders of and be directly responsible to the medical officer in charge, and will receive instructions from the quartermaster, if present, or in his absence from the steward.

Drawing of diets and extras.

366. The cook will attend at the provision store, at such hours as may be ordered, to receive the articles required for the preparation of the diets and extras prescribed, as shown by the provision ticket (Army Form I, 1218); he will likewise attend at the meat store to see that the issues of beef, mutton, &c., are correct.

Cook's responsibility as to food.

367. He will be responsible that all the food is well cooked, and ready to be issued at the appointed times, and he will be most careful that the meals sent to the patients are quite hot, and in a condition as nice-looking as possible.

His responsibility as to buildings.

368. He will be held responsible that the cook-house, scullery, pantry, and all cooking utensils are kept scrupulously clean, and are arranged in an orderly manner.

Instructions for assistant cooks and orderlies.

369. He will give all the assistance in his power in training the assistant cooks, as well as those orderlies who may be sent to the kitchen for instruction, and he will report immediately to the steward any irregularity or neglect of duty on their part.

Hot water for baths.

370. He will be responsible that a sufficient supply of hot water is at all times ready for baths or other purposes.

Duties of assistant cook.

371. The assistant cook, when employed in the separate charge of a hospital kitchen, will perform his duties in accordance with the instruction for cooks.

General rules for the

372. The general instructions for cooks in military

hospitals are laid down in Appendix 3 of these Regulations, and are to be regularly observed. guidance of cooks.

XI.—DUTIES OF ORDERLIES.

373. The Privates of the Medical Staff Corps are, in accordance with Article 622 of the Royal Warrant relating to Pay, as amended by Clause 182, Army Circulars, 1884, classified according to length of service, conduct, ability, and efficiency as Orderlies of the 1st, 2nd, and 3rd Class. Classification of orderlies.

374. They will be advanced from one class to another on the recommendation of the medical officer under whom they may be serving, and on the authority of the Principal Medical Officer of the district, according to qualifications displayed; and will, for misconduct, negligence, or inefficiency, be liable to summary reduction from a higher to a lower class by him, subject likewise to confirmation by the Principal Medical Officer. Advancement and reduction in class.

375. The chief duty of orderlies is direct personal attendance on and care of the sick in their charge; and their advancement to a higher class will mainly depend upon their efficiency as nursing attendants, ability in preparing and administering food and extras in serious cases, and general attention to ward duties; together with which qualifications their general good conduct and length of service will be duly weighed. Grounds of advancement in class.

376. The orderlies of the 1st Class doing duty in hospitals will only be employed in nursing duties in wards, or as cooks. Employment of orderlies of 1st Class.

377. Hospital orderlies will act under the immediate orders of the wardmaster or assistant wardmaster. They will be responsible under them for the care, cleanliness, and nursing of the sick, and for the cleanliness and good order of the wards, passages, ablution and bath rooms, waterclosets, &c., placed under their charge. Act under wardmaster.

378. They will be particularly cleanly in their persons, preserve good order in their wards, be attentive to the wants of the sick, and punctual and exact in obeying the orders they receive. To be clean and attentive.

379. They will, when so directed, sleep in the wards, and will rise at reveillé, clean and air the wards, and see that the patients who are allowed to be up rise at the proper hour; that every patient is shaved, washed, and dressed before breakfast; that all urinals are emptied and cleaned; and that every species of dirt is removed from the wards. Daily duties

380. They will convey the diets from the kitchen at the proper hours and distribute them to the patients according Diets.

to the orders on the diet sheets, and will see that each patient consumes only his own diet, and neither gives nor receives diet or extras to or from other patients. After every meal they will see that all utensils which have been used are washed and put away clean in their proper places.

Damages and irregularity to be reported.

381. They will report immediately to the wardmaster or assistant wardmaster any irregularity which may occur in the wards under their charge, and also all loss or damage to articles of hospital or personal equipment of patients.

Dressings.

382. They will perform such minor dressings as the medical officer may delegate to them.

Relative to nursing sisters.

383. They will, in hospitals where a superintendent and nursing sisters are employed, carry out the instructions of these ladies relative to the nursing of the sick and management of the wards.

Other departmental duties.

384. Privates of the Medical Staff Corps, when employed otherwise than in hospitals on district or other departmental duties, will act under the immediate orders of the officers or non-commissioned officers under whom they may be placed.

PART 2.—ARMY HOSPITALS.

Section I.—Classification, Control, and Organization of Hospitals.
" II.—General Hospitals.
" III.—Depôts attached to General Hospitals.
" IV.—Lunatic Hospitals.
" V.—Station Hospitals.
" VI.—Station Hospitals for West India Regiments.
" VII.—Non-Dieted Station Hospitals.
" VIII.—Hospitals for Soldiers' Wives and Children.
" IX.—Hospital Establishments in the Field.
" X.—Hospital Ships.

SECTION I.—CLASSIFICATION, CONTROL, AND ORGANIZATION OF HOSPITALS.

385. Hospitals are classified as follows :— Classification of hospitals

(*a*) General Hospitals.
(*b*) Lunatic Hospitals.
(*c*) Station Hospitals.
(*d*) Non-Dieted Hospitals.
(*e*) Female Hospitals.
(*f*) Hospitals in the Field.
(*g*) Hospital Ships.

386. General hospitals will be under the direct control of an Administrative Medical Officer, subject to the General or other officer in command of the district. Control of general hospitals.

387. All other hospitals will be under the immediate control and management of the medical officer in charge, subject to the orders of the local military commanding officer. Control of other hospitals.

388. The organization, management, and equipment of hospitals are laid down in the separate sections treating of each kind of hospital. Organization, management, and equipment.

SECTION II.—GENERAL HOSPITALS.

I.—Organization.
II.—Principal Medical Officer.
III.—Sanitary Officer.
IV.—Registrar and Secretary.

I.—ORGANIZATION.

Officers of hospital.

389. General Hospitals will be organized under the following Officers :—

Principal Medical Officer.
Sanitary Officer.
Registrar and Secretary.

II.—PRINCIPAL MEDICAL OFFICER.

Appointment of principal medical officer.

390. The Principal Medical Officer will be nominated, with the approval of the Secretary of State for War, and the Officer Commanding-in-Chief, by the Director-General of the Medical Staff, will be removable by him, and will be under his directions in all matters connected with the discipline and professional management of the hospital.

Disciplinary power.

391. Subject to the General Officer Commanding the district, he will have military authority over all officers of the Medical Staff, and warrant officers, non-commissioned officers and privates of the Medical Staff Corps attached to the hospital ; over all patients in hospital, officers and non-commissioned officers and privates of other corps attached to the Medical Staff Corps for duty, and will be responsible for the discipline of the whole establishment.

Distribution of medical duties.

392. He will nominate medical officers to the charge of divisions, and will see that the various duties of the Medical Staff and Medical Staff Corps are carried out in accordance with instructions contained in the Sections "General Duties," "The Medical Staff Corps," and "Station Hospitals" of these Regulations.

Command of detachments, Medical Staff Corps.

393. He will appoint a medical officer to command the detachment of the Medical Staff Corps, attached to the hospital, in accordance with Part 1, Section III, of these Regulations ; and will see that the medical officers doing duty in the hospital have opportunities, under the medical officer in command, of acquiring a knowledge of all matters

connected with the discipline and interior economy of the corps.

394. He will detail the orderly medical officer for the day according to instructions laid down in Part 1, Section III, of these Regulations, and issue such further local orders as he may find necessary in carrying out the duty. **Orderly medical officer.**

395. He will through the Secretary or officer appointed to command the detachment, detail the warrant officers, non-commissioned officers and men of the Medical Staff Corps for the various duties connected with the hospital, and will make such arrangements for night guards as he may consider necessary. **Non-commissioned officers and men, Medical Staff Corps. Night duties**

396. He will see that the quartermaster performs all his duties as laid down in Part 1, Section III, of these Regulations. **Quartermasters' duties.**

397. He will, when a lady superintendent and nurses are employed in the hospital, detail them for duty agreeably to instructions in Part 1, Section III, of these Regulations. **Female nurses duties.**

398. He will approve and sign requisitions for equipment and stores submitted and initialed by the quartermaster; and will satisfy himself that the hospital is equipped so far only as may be necessary to thoroughly meet the requirements, and in accordance with the scale laid down in the revised schedules of hospital equipment (Appendix 11); and that any equipment and stores specially allowed have been obtained. The equipment and stores will be held on inventory and accounted for in the manner laid down in Part I, Section XII, R.A.R., Vol. IV, and Part 2, Section V, of these Regulations. **Equipment of hospital and accounting.**

399. He will see that inspections of buildings, quarters, and enclosures connected with the hospital are systematically carried out, and will approve and sign all requisitions on the Royal Engineer Department for alterations and repairs, stating whether such are of an urgent nature. At all inspections of the hospital by the Royal Engineer or Commissariat Departments he will detail a medical officer to be present in accordance with paragraph 36, Section XV, Queen's Regulations and Orders for the Army. **Inspection o buildings, &c.**

400. He will satisfy himself as to the clothing, bedding nursing and general comfort of the sick, and as to the quality and cooking of diets. **Nursing and diets.**

401. He will satisfy himself that medicines and medical and surgical appliances are supplied in sufficient quantity, without undue accumulation; are properly accounted for, and that the *duties of medical* storekeeper and com*pounder are correctly performed.* **Medicines.**

Books and records.

402. He will inspect all hospital books and records to see that they are properly kept, and will satisfy himself that all returns and vouchers are duly rendered.

Inspection of invalids.

403. He will cause all invalids to be inspected on arrival at or on leaving the hospital, and will satisfy himself that their wants have been met in every respect.

Local orders.

404. He will issue such orders as may be necessary for the carrying out of all hospital duties, and for the maintenance of regularity and discipline within the hospital.

Parades, &c.

405. He will order such parades and drills for instructional purposes as may be necessary for officers and men of the hospital establishment.

General hospitals at base in time of war.

406. The equipment and organization of general hospitals at the base of operations in war, will, while closely corresponding to such hospitals in time of peace, be varied and adapted to meet the special exigencies of circumstances, locality, and climate. (See paragraph 812.)

III.—SANITARY OFFICER.

Principal medical officer, responsible sanitary officer.

407. The Principal Medical Officer in charge of a general hospital is himself the responsible sanitary officer; but he may detail a medical officer to assist him in making sanitary inspections and reports.

IV.—REGISTRAR AND SECRETARY.

Appointment of registrar and secretary.

408. In every general hospital a medical officer will be appointed by the Director-General, as Registrar to keep the statistics of the hospital; also to act as Secretary to the Principal Medical Officer, be responsible for the clerical and other duties of his office, and usually be the channel through which orders are issued to officers and men of the hospital establishment.

Statistical returns.

409. The Registrar will compile all statistical returns that are required by regulation (*vide* Part 7 of these Regulations), or that may be called for from time to time.

Reports explanatory of statistical returns.

410. He will draw up all remarks explanatory of the returns, submitting them to the Principal Medical Officer for approval before embodying them in the portion of any return set apart for such remarks; he will also prepare from all available information the general reports, furnished by the Principal Medical Officer; but such reports will not deal with the specialities of cases or details of treatment.

Name of *every man*

411. He will cause the name of every man admitted

into hospital, whether sick or convalescent or whether requiring treatment or not, to be entered in the Admission and Discharge Book (Army Book 27) filling up the various headings from the sick reports or the man's documents, leaving the column for disease, division, ward, &c., blank, till supplied with a report giving the man's disability as diagnosed by the medical officer under whom he is placed in hospital, which information, together with the name or number of the ward and division in which the patient is being treated, will be conveyed to him by medical certificate (Army Form I, 1225, Appendix 17) immediately the diagnosis is determined.

admitted into hospital to be entered in admission and discharge book.

Certificate.

412. The number which falls to each patient on admission (in the admission and discharge book), will accompany him through every stage of his sojourn in hospital, and will be entered upon every record or other document having reference to the man's medical history during his stay there.

Index number for each patient.

413. Separate admission and discharge books, as follows, will be kept in each general hospital, corresponding to the separate returns which have to be made:

(a) For local sick of Regular Forces.
(b) For foreign invalids.
(c) For seaman and marines of the Royal Navy, foreign sailors and others, admitted under special sanction.
(d) For sick of Auxiliary Forces.
(e) For sick officers.
(f) For sick women and children.

Admission and discharge books to be kept.

414. When small numbers are admitted under the above heads, one admission and discharge book may be divided into sections, but each section must be kept distinct.

Sections in admission and discharge work.

415. The Registrar will, as soon as possible after the admission of patients, see that their names, &c., are correctly entered in the proper admission and discharge books.

Daily admissions into hospital.

416. He, or in his absence the orderly medical officer, will, at once on the arrival of invalids, tell them off to divisions, and their names will be entered in the admission and discharge books without delay.

Admission of invalids.

417. He will be immediately informed by the medical officer in charge of a case of every change in the nomenclature of disease arising during the progress of the case; this information to be communicated by medical certificate (Appendix 17).

Change in nomenclature of disease.

418. He will, *on the final* discharge of a soldier from

Final discharge from hospital.

hospital, or when his case is otherwise disposed of, fill up the remaining columns in the admission and discharge book, from information communicated to him, by medical certificate, by the medical officer who has charge of the case during its last stage.

Books, forms, and returns, relating to invalids.

419. He will, at hospitals where invalids are admitted or disposed of, keep all books, forms, or returns in connection with them, which documents will be handed to him on the arrival of the invalids at the hospital, from which he will himself obtain necessary information, and also keep available for the information of the medical officers placed in charge of the cases. On the final disposal of all invalids' cases the Detailed Medical Histories (Army Form B 179) will be completed and retained in the registry as a record for future reference.

Medical history sheets.

420. He will take charge of, keep up, complete at termination of case, and transmit to their final destination, as laid down by Regulation, the Medical History Sheets (Army Form B 178) of all men admitted, but these documents will be available through him for the information of the medical officer in charge of the cases during their treatment.

Custody of case books.

421. He will, when medical and surgical case books (Army Book 187), in use in the hospital have been filled up, and are no longer required in the wards, be charged with their custody; and will take care to have them properly numbered and arranged to facilitate easy reference to their contents.

Daily state of sick.

422. He will, from the information contained in his admission and discharge book, furnish the Principal Medical Officer with a morning daily state of sick, and such other particulars as to vacant beds, &c., in divisions and wards as may be called for.

Reports and returns to officer commanding depôt.

423. He will furnish the reports and returns to the officer in command of the depôt attached to the hospital, or in the case of the Royal Victoria Hospital at Netley, to the Assistant Adjutant and Quartermaster-General there, as laid down in Section XIV of the Queen's Regulations and Orders for the Army.

SECTION III.—DEPOTS ATTACHED TO GENERAL HOSPITALS.

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424. The medical duties connected with Military Depôts attached to General Hospitals and the duties specially laid down in connection with the Royal Victoria Hospital, at Netley, will be carried out in accordance with Section XIV of the Queen's Regulations and Orders for the Army. Military Depôts.

SECTION IV.—LUNATIC HOSPITALS.

Rules for conduct of lunatic hospitals.

425. At stations where Lunatic Hospitals for the treatment of insane soldiers are established, whether in connection with general or station hospitals, they will be conducted in accordance with the following rules, which will likewise be carried out, as far as applicable, in all hospitals in which lunatics, or patients under observation for insanity, are temporarily detained.

I.—Chief Wardmaster.

General duties.

426. The Chief Wardmaster will, under the medical officer, be responsible for the discipline and management of the patients, and the general superintendence of the establishment.

427. He will see to the good order, tranquillity, and safety of the inmates; and, in the absence of the medical officer, will be the only person authorized to seclude, when necessary, a violent or unruly patient, recording every such occurrence in the book kept for that purpose.

428. In the performance of his duties he will act with calmness, gentleness, and humanity; but, at the same time, with firmness, tact, and judgment, which methods will often be more effectual than force. When, however, it is necessary to seize a violent patient, sufficient assistance should first be mustered so that he may be at once overpowered, and irritation and perhaps injury thus prevented both to the patients and attendants.

429. In his general intercourse with the patients his manner should be kind and conciliatory, he should be ready to soothe and encourage the timid, desponding, or melancholy, and to repress the audacious and refractory, but the harmless irregularities of the patients should never be interfered with, nor any open resistance made to their errors or inclinations.

430. He should in his demeanour exhibit strict propriety of conduct and perfect self-control, remembering that insane patients are more likely to imitate example than follow instructions.

431. He should make himself thoroughly acquainted with the habits, dispositions, and conduct of all the patients, marking particularly the changes that may from time to time occur in their condition, and faithfully reporting the same to the medical officer, he should cultivate an interest in those placed under his charge, and make every endeavour to promote their comfort.

432. He will keep a journal of daily occurrences for the information of the medical officer; also the office records and assist the medical officer in the preparation of the various returns required.

433. He will, under instructions from the medical officers, arrange the details of duties for the attendants; will, at uncertain hours, visit the hospital and assure himself that the attendants are at their respective posts, that the patients are properly cared for, and that the routine of the establishment is being carried out.

434. He will visit every part of the hospital after the patients have retired to bed, ascertain that everything is correct, and give his final instructions to the night watch; the following morning he will make a report to the medical officer.

435. He will, in the event of any accident, emergent illness, or attempted suicide resulting in personal injury, which may occur during the absence of the medical officer, immediately apply for the services of the orderly or other medical officer on duty at the hospital.

II.—Assistant Wardmaster.

436. The Assistant Wardmaster will act under the chief wardmaster, and will visit every ward upon the patients rising in the morning, and see that all dirty linen, bedding, clothing, &c., are at once removed and exchanged, that the patients are properly washed and clothed; and that the wards, water-closets, bathrooms, &c., are thoroughly cleaned, and in good order. General duties.

437. He will accompany the medical officer on his visits round the hospital, and carefully note any instructions he may then receive; and will see that medicines ordered by the medical officer, are properly administered to the sick. He will also personally issue all malt liquors, wine, &c., ordered.

438. He will be present during each meal, to see that it is fairly distributed, to maintain order, and particularly to observe any patient who may refuse his food. This latter circumstance will invariably be at once reported.

439. He will superintend the bathing of all patients, and particularly notice any bruises or other injuries on any part of their persons, and at once report the same; he will see that that the supply of warm water and towels is sufficient.

440. He will frequently visit the patients whether in the hospital, airing grounds, or outbuildings, and see that the attendants are at their posts and vigilant; he will, as laid down for the chief wardmaster, treat the patients with kindness, and abstain from any harsh or intemperate language towards them. He has no authority to seclude a patient.

441. He will be present when the patients retire to bed; see that no lights, matches, or any articles likely to be used for mischief are taken into the wards; that the patients are all present, and that their clothes are properly folded up and placed outside their respective wards.

442. He will not leave the hospital without permission.

III.—Attendants.

Duties of attendants.

443. The Attendants will be guided by the following instructions.

444. No patient will be permitted to enter any of the attendants' rooms for any purpose whatever; the doors of these rooms will be invariably kept shut, and the observation windows properly fastened; no patient will be allowed in the kitchen, scullery, or store rooms, or to go beyond the hospital limits except on express authority.

445. No patients will be taken outside the hospital except the working parties specially detailed, for which the attendants in charge will be responsible, and take care that they return to the hospital at the time appointed. The patients are not to be allowed to wander away from their work.

446. The attendants will treat the patients kindly but firmly, and are strictly prohibited from handling them roughly or using harsh language to them. Every consideration should be shown for harmless irregularities, and no open resistance should be made to such. Violent and noisy patients should not be interfered with, except in the prevention of harm to themselves or others, or of damage to property; when interference is necessary assistance should be obtained unless the attendant is perfectly satisfied that he is able to deal with them himself.

447. They will see that the patients are properly washed and clothed, and will encourage habits of cleanliness and tidiness of dress amongst them. All articles of clothing are to be frequently examined by the attendants and changed when requisite. When articles are damaged or lost by patients, the fact will be at once reported to the chief wardmaster; any neglect of this order will render the attendant in charge liable for the cost of such loss or damage.

448. The attendants have no authority whatever to seclude a patient, but when he appears in such a state of excitement as to require seclusion they are to report the matter to the chief wardmaster.

449. They will repress all quarrels among the patients and report to the chief wardmaster all accidents, quarrels, attempt at escape, or bodily or mental change in individuals that may have occurred during their period of duty.

450. They will take every precaution to prevent the patients becoming possessed of knives, or other weapons, pieces of cord, lucifer matches, or any article likely to prove dangerous to themselves or others; and with this view razors or knives belonging to the attendants are not to be kept in their packs, but will be locked up in the cupboards of their respective rooms.

451. They will, as directed, cut the hair and nails of patients, being careful to permit only one patient to be present at a time, and not to allow the scissors or knives to go out of their own possession.

452. They will, when a patient is seized with sudden illness, immediately report the same to the chief wardmaster; but if it be a fit the patient is at once first to be put in a place of safety, and his clothes loosened about the neck and chest.

453. They will be responsible for the cleanliness and care of the furniture, equipment, &c., of their respective wards and rooms, and also for the clothing in use by the patients. They will look daily to the fastenings of windows and doors to see that they are secure, and have not been tampered with, and also take care that brooms, utensils, &c., used in cleaning are put out of reach after the work is done.

454. They will hold no communication with any persons outside respecting any of the patients, or convey any letters or messages to or from them; all correspondence received is to be taken to the chief wardmaster for transmission.

455. They will not permit smoking in any of the wards or rooms without the authority of the medical officer.

456. They will, in passing to and from the hospital, be careful to properly close and secure all doors behind them to prevent the escape of the patients.

457. They will give particular attention to and frequently visit the bath rooms, water-closets, latrines, &c., which are often resorted to by suicidal patients, and those addicted to vicious practices.

458. They will be present in their respective wards at bed time, see that the patients are all present, that their clothing is neatly folded up and placed outside the wards; that they have no matches, pieces of iron, cord, or other article of a dangerous character in their possession, or secreted in their bedding; and they will on no account whatever quit the post or duty assigned to them without permission.

459. They will frequently examine the patients to ascertain if they suffer from bruises or injuries of any kind, and any such discovered will be at once reported.

460. They will exercise extreme vigilance against fire. In the event of a gas bracket being pulled down, or any escape of gas occurring, the hole should, if possible, be at once plugged, and the gas turned off from the entire landing if necessary, but this should be done quietly to prevent alarm amongst the patients.

461. The various duties of the attendants will be performed in a quiet manner, and anything likely to create excitement amongst the patients is to be studiously avoided.

Act of Parliament.

462. The following clauses of an Act of Parliament are published for the guidance of all persons employed in attendance on lunatics:—

"If any superintendent, officer, or nurse, attendant, servant, or other person employed in any asylum, strike, wound, illtreat, or wilfully neglect any lunatic confined therein, he shall be guilty of a misdemeanour, and shall be subject to indictment for every such offence; or to forfeit for such offence, on a summary conviction thereof before two justices, any sum not exceeding 20*l.* nor less than 2*l.*

"If any superintendent, officer, or servant, in any asylum shall through wilful neglect or connivance permit any patient in any case to quit or escape from such asylum, or shall secrete or abet, or connive at the escape of any such person, he shall for every such offence forfeit and pay any sum not more than 20*l.* nor less than 2*l.*"

IV.—Night Watch.

463. The attendants detailed for this duty will take over charge from the time of the patients retiring to bed until they are relieved in the morning by the ordinary attendants, and during that time they will be responsible for the care of the patients, and especially bear in mind that as soon as they have been posted they are considered on guard. General duties.

464. They will visit every ward at least each hour during the night, but oftener when necessary; paying particular attention to the sick, and to those special cases which may require extra watching, and to which their attention may be directed by the chief ward master. These visits should be quietly made, to avoid, as far as possible, disturbing the patients.

465. Should a patient be seized with a fit or sudden illness, or anything of a special nature occur during the night, the matter will be at once reported to the chief wardmaster.

466. The names of patients noisy, talking much to themselves, frequently out of bed, &c., will be noted, and the circumstances reported to the chief ward master for the medical officer's information; and whether anything of a special nature has occurred during the night or not, the attendants will nevertheless make a report to the chief wardmaster the following morning.

V.—Baths.

467. Every patient will be bathed immediately after admission and once a week afterwards, or oftener if ordered, unless exempted by the medical officer. Should the attendants have the slightest doubt as to the advisability of bathing any patient, owing to sickness, feebleness, or excitement, reference will be made to the medical officer before the bath is carried out. The name of every patient not having the customary bath will be regularly reported to the medical officer. Rules for the use of baths.

468. In preparing a bath, the cold water will always be turned on before the hot; before a patient enters the bath the temperature is to be ascertained by a thermometer, and is not to be less than 88° nor above 98°. In case of the thermometer in use becoming inefficient from injury, &c all bathing operations will be stopped until another is obtained.

469. *Not more than one patient* will be bathed in the

same water; and under no circumstances are two patients to occupy a bath at the same time. During the time the bath is being used the room will never be left without an attendant; at all other times the door is to remain locked, and the key will be kept in the attendant's room. Under no pretence whatever is the patient's head to be put under water. In the bath the body of each patient is to be well cleansed with soap: after coming out of the bath especial care must be taken to dry those patients who are feeble and helpless, and to clothe them as rapidly as possible.

470. The keys are never to remain on the bath taps, nor are they to be used by patients. When not in use they are to be locked up in the attendant's room.

471. Any marks, bruises, wounds, sores, local pains, evidences of disease of any kind complained of by the patients, or noticed by the attendants during bathing operations, will be immediately reported to the medical officer.

472. The attendants are to bear in mind that, except under special medical order, the baths are to be used solely for purposes of cleanliness and not as remedial agents; and neither the cold nor the shower bath is ever to be used, except under express medical order.

473. The assistant wardmaster will be present at all baths given under medical order, and will take care that the duration does not exceed the time specified in such order.

VI.—Mechanical Restraint.

Mechanical restraint.

474. In hospitals where there are no proper rooms for the seclusion and safe keeping of violent, homicidal or suicidal lunatics, the only permissible mechanical restraints in such cases, and those only intended to prevent injury to themselves or others, are the strait waistcoat, belt, and sheet.

SECTION V.—STATION HOSPITALS.

475. Station Hospitals are established for the reception and treatment of sick from all corps in garrison, including those of the Auxiliary Forces when embodied; also such soldiers, seamen of the Royal Navy, Royal Marines, and other persons as may be admitted under special sanction, provided for in Part 5, Section I, of these regulations. **For what purpose established.**

476. All station hospitals will be subject to the authority of the General or other officer in command of the troops; but the internal administration will be under the Medical Officer in Charge, subject to the control and superintendence of the Principal Medical Officer of the district, who will be responsible that the arrangements are suitable and in accordance with existing regulations. **Administration.**

477. The Director-General of the Medical Staff will specially appoint a medical officer to the charge of each station hospital at such places as may be deemed necessary, and this officer will not be subject to removal without the Director-General's sanction. The medical officer in charge will be responsible for all the duties of the hospital; he will be the Accounting Officer for buildings equipment, stores and supplies, and will, at his own discretion, appropriate wards for the treatment of infectious or contagious diseases, lunatics, sick prisoners, ophthalmic, or other special cases. **Medical officer in charge. Appointment and responsibility. Distribution, of sick.**

478. The establishment of officers of the Medical Staff, and of warrant officers, non-commissioned officers and men of the Medical Staff Corps, and others, whether soldiers, pensioners, or civilians appointed for duty in the hospital, will be under the command of the medical officer in charge of the hospital, who will be responsible for their systematic training in hospital duties, and from whom will emanate all instructions, orders, arrangements, and details for carrying on all duties connected with the hospital. **Discipline, control, and training of hospital establishment.**

479. In hospitals where a quartermaster is attached he will, on behalf of the medical officer in charge, take over from the Commissariat the duly appropriated hospital accommodation; but where no quartermaster is attached the medical officer in charge will himself take it over and place it in the care of the steward, who will be responsible to him. **Taking over hospital accommodation.**

480. The *hospital Enclosures* will be taken over in like **Hospital enclosures**

and garden seats.

manner and be dealt with as part of the hospital premises. A hospital servant will act as gardener, where necessary, and all requisitions for the proper maintenance and repairs of such enclosures will be made on the Royal Engineer Department. The stations for which Garden Seats are allowed for hospital enclosures are shown in Appendix 12 of these Regulations.

Equipment and stores.

481. Every station hospital will be equipped as far as may be necessary, according to the revised schedules of hospital equipment (Appendix 11 of these Regulations); the proportion of equipment being calculated on the maximum occupation for the preceding three years. Any articles of equipment beyond the regulated scale will only be issued on special sanction obtained through the Principal Medical Officer of the district.

Taking over inventories.

482. The hospital buildings, enclosures, equipment, and stores will be taken over on inventory by the medical officer in charge.

Inventories of fixtures.

483. The fixtures in every ward, room, and store of a hospital will be detailed on an inventory board hung up in the room; these inventories will be made out and signed by an officer of the Royal Engineer Department, and no entries, erasures, or defacements of any kind are to be made in them, nor are they to be removed from the rooms except by the Royal Engineer Department.

Inventories of furniture, utensils, and equipment.

484. The furniture, utensils, bedding and clothing will be held on inventory (Army Book 126, in duplicate) from the Commissariat Officer in charge of barracks; these inventories will be signed by (*a*) the Commissariat Officer in charge of barracks, (*b*) the Medical Officer in Charge; one copy will be retained by the Commissariat Officer, the other by the medical officer; a third copy (Army Book 126) may, if requisite, be made out by the person having actual custody of the stores. In addition, room inventories will be made out and signed by the Commissariat Officer, and hung up in each ward or room, showing the equipment contained therein. Should it at any time be absolutely necessary to make any alterations in the number of articles in a ward or room, due notice thereof will be given to the Commissariat Officer, in order that he may make the necessary alterations on the inventory, or prepare a fresh one if required. The inventory is the property of the Commissariat Officer, and no other person but he is authorized to make any alterations thereon.

Witness of transfer of charge of

485. Whenever the charge of hospital equipment is to be transferred from one medical officer, or other person

holding it, to another, the Commissariat Officer in charge of barracks, from whom the stores are held on inventory, will witness the transfer; unless the Surveyor-General of the Ordnance shall specially nominate any one from his Department for the duty.

equipment and stores.

486. When a station hospital is temporarily placed in charge of a civilian medical practitioner, the Principal Medical Officer will direct the District Quartermaster to take over the buildings, equipment, stores and supplies, and to sign the inventories; when charge is resumed by a medical officer, the quartermaster will transfer the equipment to him.

Holding of equipment when civilian medical practitioner placed in charge.

487. No articles of personal equipment or bedding will be entered on the ward inventories; the former will be accounted for between wardmaster and steward by means of the check book for patients' personal equipment (Army Book 42); and the latter by the bedding book (Army Book 54), of which one will be supplied to each wardmaster and one to the steward, in which he will open separate accounts with each wardmaster; all transactions will be entered and duly signed for in the respective books.

Personal equipment issued to patients, and bedding book.

488. The medical officer in charge will monthly, or when necessary, inspect all equipment and stores belonging to the hospital, to satisfy himself as to their condition, and to verify the inventories; he will likewise at the end of each month inspect the steward's books and stores, and check the balances of consumable supplies remaining.

Inspection of equipment and stores by medical officer.

489. On the relief of a medical officer in charge he will make arrangements to hand over the buildings, equipment, supplies, and stores to his successor, and at such transfers, besides a representative of the Commissariat, the quartermaster (if attached) and the steward will invariably be present.

Transfers on relief of medical officer in charge.

490. The following transfer documents will also be made out in duplicate and signed by the medical officers giving over and receiving charge; one copy will be sent to the Principal Medical Officer of the District, and the other kept in the hospital:—

Transfer of medicines, books, &c.

(*a*) Transfers of medicines, instruments, and appliances on Army Form I 1214, showing expenditure up to date; the duplicate copy of which the Principal Medical Officer will forward to the Director-General. (See paragraphs 877 and 892.)

(*b*) Manuscript transfer return of hospital records, books, and documents, the duplicate copy of which the Principal Medical Officer will forward to the Director-General.

(*c*) Transfers of blank army forms and books on Army Form L, 1355, the duplicate copy of which will be retained by the Principal Medical Officer.

(*d*) Transfers of stationery on Army Form L 1378, the duplicate copy of which the Principal Medical Officer will also retain.

Transfers on relief of quartermasters.

491. On the relief of one quartermaster by another the medical officer in charge will either attend himself or depute a medical officer to represent him at the transfer of the custody of buildings, equipments, supplies, and stores; at which also the steward will always be present; the incoming quartermaster will endorse the inventory (Army Book 126) held by the medical officer.

Transfers on relief of stewards.

492. When a steward or acting steward in hospitals where no quartermaster is attached is about to be relieved, the medical officer in charge will take steps to have the care of the buildings, equipments, supplies, and stores transferred to the incoming steward; and will either himself witness or detail a medical officer to superintend the transfer; the incoming steward will endorse the inventory (Army Book 126) held by the medical officer.

Quarterly inspection of buildings and equipment.

493. At the quarterly and other inspections of buildings and equipments by the Royal Engineer and Commissariat officers, the quartermaster, if attached, will attend; and the medical officer in charge will, in accordance with Section XV, paragraph 36, Queen's Regulations and Orders for the Army, 1883, nominate a medical officer also to attend. Where no quartermaster is attached, the medical officer in charge will, if possible, be present at these inspections, or, if unable to be so, will depute a medical officer to represent him. The steward will invariably attend all inspections.

Damages.

494. Damages to buildings, equipment, and stores will be dealt with by the quartermaster if attached, or by the steward under the supervision of the medical officer in charge as laid down in Part 1, Section III, of these regulations, paragraphs 229–235 Financial Instructions, 1882; paragraphs 460–463 Engineer Regulations, 1882, and Section XII, Commissariat Regulations. (See Appendix No. 70.)

Washing and exchange of linen, &c.

495. All articles requiring to be washed will be handed over to the Commissariat by means of Army Book 200 (if required) in exchange for a similar number of clean articles. The washing book (Army Book 175) will be kept by the Commissariat.

Distribution

496. The medical officer in charge will distribute the

duties between himself and the medical officers serving under him, retaining under his immediate care a proportion of patients, except when a departure from this rule is specially sanctioned by the Director-General; and will also exercise a general supervision over all the sick in hospital, and the expenditure of medicines, diets, and extras. **of medical duties.**

497. He will see that the medical officers serving under him have opportunities afforded them of acquiring a knowledge of all matters connected with hospital administration, and with the interior economy and discipline of the Medical Staff Corps; and with this view the junior officers should, if possible, be present when prisoners are dealt with. **Instruction of medical officers in administration and discipline.**

498. All matters of doubt and difficulty either in the management of the sick, or in hospital administration, which cannot be decided by the medical officer in charge, will be referred by him in writing to the Principal Medical Officer of the district. **Matters of doubt and difficulty.**

499. Duly qualified non-commissioned officers of the Medical Staff Corps will be appointed at such hospitals as may be decided on by the Director-General as compounders of medicines. They will perform their duties in accordance with instructions laid down in Part 1, Section IV, of these Regulations. **Compounders of medicines in hospitals.**

500. Medical officers will visit the hospitals twice daily, and at such other times as may be required. At home stations, the hours of morning visit will be 9 a.m. in summer (April to September inclusive), and 10 a.m. in winter; the hours of evening visit will be between 5 and 8 o'clock. Where there is no orderly medical officer of the day, a medical officer will be available for the examination of recruits up to 1 p.m. At foreign stations the morning and evening visits will be made at such hours as are suitable to the climate and station. **Attendance of medical officers at hospital.**

501. In accordance with Section XIV, Queen's Regulations and Orders for the Army, men sent for admission to hospital will be accompanied by a non-commissioned officer of their corps, who will take with him the company sick reports in duplicate, as laid down in paragraph 59 of these Regulations. **Men sent for admission.**

502. Except in case of accidents or other emergencies, the sick will, at home stations, arrive at the hospital before 9 a.m. in summer, and 10 a.m. in winter. At foreign stations, they will arrive at such suitable hours as may be determined upon locally. **Time for arrival of sick at hospital.**

503. The medical officer in charge will examine, as soon as possible, all men sent to hospital, and will, as far **Disposal of sick on arrival at hospital.**

as possible, diagnose their diseases and allot them to wards. He will write the disease and the word "Hospital" in ink opposite each man's name on both the company sick reports: one of these will be sent back by the non-commissioned officer to the officer commanding the corps; the other will be retained as an office record, and on it, for such patients as require a bath, he will mark whether it is to be warm, cold, or tepid.

Ordering of baths.

Men detained in hospital.

504. In accordance with paragraph 64 of the Allowance Regulations, in the event of a sick soldier sent to hospital not being likely to require treatment beyond the day on which he has reported himself sick, he will be detained in the hospital for that day only and subsisted from his corps, to which he will return if considered fit for duty; but if at the evening visit found unfit for duty, he will be regularly admitted and placed on hospital diet for the following day, notice (in writing) to that effect being at he same time sent to the officer commanding his corps.

Daily state of sick.

505. The medical officer in charge will furnish a daily state of the sick in hospital to the officer commanding the station, on Army Form A 27. At the headquarters of a district this state will be sent to the Principal Medical Officer for transmission to the General or other Officer Commanding.

Notice to be sent to commanding officer of men discharged.

506. The names (in writing) of men intended for discharge from hospital will be sent as early as possible to the officers commanding each corps, in order that a non-commissioned officer may be sent to see that the men receive over their kits correct, and to conduct them back to barracks at such suitable hour after tea in the afternoon or evening as may be determined on.

Proposed discharge of men from hospital.

507. When the medical officer treating a case considers the patient fit for discharge, he will bring the man before the medical officer in charge of the hospital, who, if he concurs, will initial the discharge on the diet sheet.

Report on men dangerously ill.

508. In accordance with Section XIV, Queen's Regulations and Orders for the Army, when a patient under treatment in hospital becomes dangerously ill, or when there is apprehension of a fatal result, the medical officer in charge will at once inform the commanding officer of the corps to which the man belongs, in order that, if practicable, his friends may be communicated with.

Reports of deaths in hospital.

509. When a man dies in hospital, the medical officer in charge will be informed of the fact, and will at once report the death to the Officer Commanding the corps to which the man belonged, as well as to the Officer Commanding the station, on Army Form A 27; and will state the date and hour after which the interment may take place.

Admission and discharge books.

510. Separate Admission and Discharge Books (Army Book 27) will be kept for—

(a) Regular troops;

(b) Troops of the Auxiliary Forces;

(c) Seamen of the Royal Navy, Royal Marines, and others that may be admitted into hospital under the special sanction of the Officer Commanding;

(d) Sick Officers;

(e) Sick of Women and Children;

in the same manner as laid down in paragraph 413 and 414 of these Regulations. At the end of each year a space will be left before commencing the entries for the following year, until the books are filled up, after which they will be retained in the hospital until disposed of under authority from the Director-General.

Custody of medical history sheets at station hospitals.

511. On the arrival of a corps or detachment at a station, the Medical History Sheets (Army Form B 178) will be sent to the medical officer in charge of the hospital where the sick of the corps are to be treated; and will be retained by him until the departure of the corps, when they will be returned fully completed to the Officer Commanding. While retained in the hospital, the medical history sheets will be available for reference by the medical officer doing duty with the corps; but will not be removed from the hospital unless upon written application to the medical officer in charge, and a receipt for the same given, which will be preserved until the return of the sheets.

Filling up of medical history sheets.

512. The medical officer in charge will be responsible that the columns, "station" and "date of arrival" in the medical history sheets, are filled in at once on the sheets coming into his custody; and that every subsequent admission is at once entered from the Admission and Discharge Book, and completed on the discharge or death of the patient; also that particulars regarding vaccination and re-vaccination have been and are duly entered.

Disposal of medical history sheets.

513. When a man dies his medical history sheet will be completed and forwarded by the medical officer in charge, to the Director-General; but when men become non-effective through discharge, desertion, or invaliding their medical history sheets will accompany their other personal documents. When a man is committed to a military prison his medical history sheet will be sent with him, in accordance with paragraph 171, Section VI, Queen's Regulations and Orders for the Army, 1883.

Preparation of invalidin documents.

514. The preparation of documents connected with invalids in station and other hospitals, will be carried out

in accordance with instructions in Part 5, Section III, of these regulations.

Disposal of diet and extra sheets.

515. The medical officer in charge will, at the end of each month, forward the Diet Sheets (Army Form I 1202) and the Return of Extras, Wife or Child (Army Form I 1205), to the Principal Medical Officer of the district, who after examination will transmit them as soon as possible to the district Commissariat officer. These documents will be in original, and in no instance will copies be sent, should the originals become dirty or defaced.

Preparation and disposal of hospital stoppage returns.

516. The medical officer in charge will, in accordance with paragraph 211 of these Regulations, see that the quartermaster or chief wardmaster prepares the monthly account of Hospital Stoppages (Army Form O 1643), separately for each regiment, battery, and company, or detachment, and that they are disposed of agreeably with the following instructions.

How made out.

517. The stoppage returns (Army Form O 1643) will be made out from the Admission and Discharge Book and the medical officer in charge will sign and transmit them to the Paymaster of the corps concerned, or in the case of the Royal Artillery, Royal Engineers, and Departmental Corps to the Officer Commanding the battery or company, or detachment. Cl. 269 A.C. 18

Acknowledgment from paymaster.

518. The medical officer will obtain from the paymaster, or the officer commanding acting as paymaster, an ackowledgment of the correctness of the number of stoppages shown in the returns sent to those officers. This will be pasted to the last column of the first page of the hospital account (Army Form F 738), and the stoppages thus acknowledged to be due must agree with the abstract on that form.

How checked.

519. The paymaster, or officer commanding acting as paymaster, will take immediate steps for checking the stoppages to be accounted for by him, and returning the acknowledgments to the medical officer.

Transfers of men while in hospital.

520. Transfers of men to different batteries or companies in the Royal Artillery and Royal Engineers being frequent, returns will be rendered, on the last day of each month, by Officers Commanding such batteries or companies to the medical officer in charge of the station hospital, showing any transfers of men in hospital which may have taken place during the period of the return.

Hospital stoppage of whole pay.

521. The hospital stoppage of whole pay (Army Form O 1795) for a man treated on account of Sickness Caused by an Offence, will only be exacted in strict accordance with paragraph 48, Section VI, Queen's Regulations and

Orders for the Army, 1883, as revised in General Order 39 of 1st March, 1884.

Hospital stoppages for militiamen.

522. Militiamen detained in a station or militia dieted hospital after the expiration of preliminary drill, recruit drill, or training, under the authority of the General Officer Commanding, not being liable to hospital stoppages, will be omitted from Army Form O 1643, from the day in which the preliminary drill, recruit drill, or training maycease; and all diets issued to them subsequently to that date will be shown in the steward's hospital account (Army Form F 738) in the column for "Free diets."

Return of men of Navy treated in hospital.

523. When sick Seamen, Marines, and Naval Artificers are treated and subsisted in a station or other military hospital, a return (Army Form O 1761) will be attached to the monthly account (Army Form F 738) forwarded to the Commissariat Officer; a copy of the return (Army Form O 1761) will also be sent at the end of each quarter to the Director-General, Medical Department of the Navy, Spring Gardens, London.

163, 1881.

Return of Naval officers treated.

524. Similar returns will be rendered in the case of Officers of the Royal Navy or Royal Marines specially admitted into military hospitals, Army Form O 1761 being used for the purpose, with such alterations as may be necessary.

Articles for cleaning purposes.

525. Articles for cleaning purposes will be drawn and accounted for, as laid down in paragraph 207 of these regulations.

Issues and account of fuel and light.

526. Fuel and light issues will be drawn and accounted for as laid down in paragraphs 199 and 200 of these Regulations. The quantity drawn at one time will not exceed one month's supply; Army Form F 725 will be signed daily by the medical officer in charge, and the recapitulation also countersigned by him at the end of the month, when the document will be forwarded to the Commissariat.

Minimum establishment of men of Medical Staff Corps attached.

527. The minimum establishment of men of the Medical Staff Corps or of soldiers of other corps, or pensioners in substitution thereof attached to a station hospital will be one non-commissioned officer to act as ward-master, steward, and compounder of medicines, and two privates, one to perform the duties of cook and one of ward orderly.

Scale of additional hospital attendants.

528. Additional orderlies will be allowed when the sick exceed ten at the rate of one orderly when there are at least five patients over the ten, or multiple of ten. When the total sick exceed fifty a non-commissioned officer will be allowed as cook with a private as assistant cook.

Applications for the employment of soldiers in hospital at head-quarters.

529. When the medical officer in charge of a hospital at the headquarters of a district considers the employment of temporary hospital attendants necessary, he will apply to the Principal Medical Officer, who, if he concurs in the necessity, will submit to the General Officer Commanding that the men required be supplied from the troops quartered in the station.

Applications at out-stations.

530. The medical officer in charge of a hospital at an out-station will, under similar circumstances, apply for temporary hospital attendants to the officer commanding the station.

Special authority obtained for pay of extra-pay hospital servants.

531. On the employment of non-commissioned officers and soldiers in hospitals from troops in a station, either in lieu of or to supplement the ordinary hospital establishments of the Medical Staff Corps, application will in each case at once be made through the Principal Medical Officer (on Army Form I 1229), for the special authority of the Director-General for the issue to them of extra-duty pay.

Extra duty pay for servants not of the Medical Staff Corps.

532. At the end of every month the medical officer in charge will send to the district paymaster an account of extra-duty pay due to hospital servants not belonging to the Medical Staff Corps, on Army Form O 1645; to this form will be attached, when the first claim is made, the special authority (Army Form I 1229) of the Director-General, sanctioning their employment, in accordance with paragraph 414, Financial Instructions, 1882; in subsequent claims the number and date of the special authority will invariably be quoted for each individual.

Applications for issue of extra-duty pay to men of Medical Staff Corps.

533. All applications for the issue of extra-duty pay to non-commissioned officers and men of the Medical Staff Corps will be submitted on Army Form I 1228, for the approval of the Principal Medical Officer, who will submit them for the sanction of the Director-General; application for the issue of extra-duty pay for a compounder of medicines will be made on a separate copy of the same form.

Vouchers for pay lists.

534. In accordance with paragraphs 429, Financial Instructions, 1882, the medical officer in charge will forward monthly to the Principal Medical Officer, on Army Form O 1601, a list of Causalties affecting Departmental and Extra-duty Pay of non-commissioned officers and men of the Medical Staff Corps, which will be passed to the district quartermaster, charged with the payment of the men as a voucher to his pay list. The first charge for all extra-duty pay, and for the departmental pay of 1st and 2nd Class Orderlies, will be vouched by the original authority of the Director General.

535. The books kept on charge at each station hospital, and to be produced at inspections of the Principal Medical Officer, are laid down in paragraph 46 of these Regulations. **Books in charge.**

536. The medical officer in charge will forward to the Principal Medical Officer of the district demands annually for Army Forms and Books, on Army Form L 1355; and for Stationery (according to scale published in Army Circulars), on Army Form L 1378, and will receive a supply through the Principal Medical Officer. Intermediate and supplementary demands are to be made on Army Forms L 1350 and L 1381 in a similar manner, and the necessity for such will always be fully explained. **Supplies of Army Forms, books, and stationery.**

537. Supplies of medicines and surgical appliances will be demanded and obtained as laid down in Part 4 of these Regulations; attention is directed to paragraphs 875 and 885 of these Regulations. **Medical and surgical supplies.**

538. All medicines and surgical appliances required for officers, their families, the wives and children of soldiers, and others entitled by regulation to medical attendance at the station, will be supplied from the surgery of the hospital, at hours fixed by the Principal Medical Officer, and the medical officer in charge will make such arrangements for the making up of prescriptions, and the issue of medicines, as not to interfere with the working of the hospital. Only in cases of emergency will medicines be supplied at other hours than those laid down by the Principal Medical Officer of the district. **Medicines for officers and their families; women, children, &c.**

539. Vaccination and re-vaccination of all soldiers and recruits in accordance with Part 6, Section III, of these Regulations, will be performed at station hospitals, where the Vaccination Registers (Army Book 28) will be kept, in which the names of men for all arms of the service will be entered; women and children will be entered separately. **Vaccination.**

540. When a corps or detachment leaves a station, the sick belonging to it under treatment at the time in the station hospital will not be discharged, but will be detained until sufficiently recovered to rejoin the corps for duty. **Sick to be detained until recovered.**

541. All authorised returns required by regiments from station hospitals will be sent direct to Officers Commanding regiments or corps by medical officers in charge. **Returns to regiments.**

542. All applications for documents will be made in the first instance direct by regimental commanding officers to medical officers in charge of hospitals, or on the other hand by medical officers in charge to commanding officers; but any further reference or correspondence regarding them will be addressed, through the proper channel, to the *General or other Officer Commanding* the brigade or station. **Applications for men's documents.**

Regimental boards in hospitals.

543. The assembly of regimental boards in hospital at suitable hours will be arranged for between Officers Commanding corps and the medical officer in charge.

Courts of Inquiry on soldiers admitted for injuries.

544. When a non-commissioned officer or man is admitted to hospital in consequence of having become maimed, mutilated, or injured (except by wounds received in action), whether on or off duty, the medical officer in charge will at once report the case to the Officer Commanding the corps to which the man belongs, in order that it may, if necessary, be dealt with in accordance with Section VI, paragraph 122, Queen's Regulations and Orders for the Army, 1883. Cl. 31, A.C. 1

Reports on sick officers.

545. When a medical officer in charge of a hospital is also in medical charge of troops, he will be careful to report when officers are placed on or taken off the sick list in accordance with paragraph 70 of these Regulations.

Transfers of sick.

546. In all transfers of sick from one hospital to another the Medical Certificate (Army Book 172) will be used.

Certificates of friendly societies.

547. Medical officers in charge will, upon the written application of any established friendly society, furnish the society with a certificate as to the nature of the illness from which any soldier under their charge, who is a member thereof may be suffering. Cl. 24 A.C. 1

Militiamen treated in station hospitals.

548. When militiamen are admitted to a station hospital, but treated by their own militia medical officers, they will not be discharged without the permission of the medical officer in charge; and if considered permanently unfit they may, with his concurrence, be discharged the service without a medical board.

Admission of officers.

549. The admission of officers into hospitals, where accommodation is provided, will be allowed in accordance with instructions in paragraphs 928 and 929 of these Regulations.

Introduction of unauthorized articles into hospitals.

550. No money or unauthorized articles of equipment, or books, or pictures, or articles of diet and extras will be introduced into the wards without the sanction of the medical officer in charge, who will exercise his discretion in giving authority for their introduction.

Passes for visitors.

551. The medical officer in charge will grant passes to visitors to see patients at convenient hours, and for this purpose will use Army Book 235.

Passes for hospital subordinates.

552. Passes and leave of absence for non-commissioned officers and orderlies employed in hospital will only be granted by the medical officer in charge, and on the recommendation of the medical officer immediately under whom they are doing duty.

SECTION VI.—STATION HOSPITALS FOR WEST INDIA REGIMENTS.

553. The Hospitals for Troops of the West India Regiments will be organized as Station Hospitals, and administered and equipped, and the equipment, supplies, and stores accounted for in the same manner as laid down in Part 2, Section V, of these regulations; but their establishment of hospital subordinates will not belong to the Medical Staff Corps. **Organised as station hospitals.**

554. The Fixed Establishment of hospital servants will be formed of men of the West India Regiments, and will be borne on the strength of these corps. Non-commissioned officers and men of good character and fair education will be allowed to volunteer for hospital duty, and for the first three months will be considered probationers. At the end of that period, should they be found by the medical officer unsuitable for the duties, they will be sent back to regimental duty. **Fixed establishment of servants from regiments.**

555. All hospital servants will be under the orders of the medical officer in charge, and the fixed establishment will be permanently attached for duty in the hospital, will not be available for any regimental duty, and not removable from their appointments, except for misconduct or inefficiency on the report of the medical officer. Any request of their own for permission to return to regimental duty will be made with the concurrence and on the recommendation of the medical officer. **Permanently attached for duty.**

556. All non-commissioned officers and men permanently attached to station hospitals will, on the relief of regiments or detachments at the station, remain at the hospital and will be transferred from one corps or detachment to another. Transfers of hospital servants from one station hospital to another will only be carried out with the previous sanction of the senior military and medical officers of the command. **Transfers on relief of corps.**

557. The defaulter's sheets of men on the fixed hospital establishment will be in the possession of the medical officer in charge of the hospital, who will exercise the same disciplinary control over these servants as if they were men of *the Medical Staff Corps.* **Disciplinary control by medical officer.**

Pay and equipment.

558. They will be attached to the corps at the station for pay, clothing, and equipment.

Rank of N.C.O's.

559. The non-commissioned officer performing the duties of steward, wardmaster, or compounder will not be under the rank of full corporal.

Extra-duty pay.

560. The hospital servants will receive the daily rates of extra-duty pay laid down in Article 640, paragraph xxv*a*, of the Royal Warrant relating to Pay, &c, 1884. 48 / 7 / 22

Duties.

561. The duties in these station hospitals will be carried out as laid down in the sections, General Duties and Station Hospitals of these Regulations.

Fixed establishment to wear Geneva Badge.

562. Non-commissioned officers and men of the fixed hospital establishment, who have passed the three months' prescribed probation, will wear, as a distinguishing badge, the "Geneva Cross" on the right sleeve of their tunics and frocks, in the same manner as men of the Medical Staff Corps. 400 / 30

Numbers of fixed hospital establishment.

563. The fixed establishment of hospital servants, for which no special authority for payment is required, is as follows :—

Stations.	Serjeant or corporal, as steward, wardmaster, and compounder.	Corporal or private, as cook.	Privates, as orderlies.	Corporal or private, as pack storekeeper.	Remarks.
Gold Coast ...	1	1	1	...	Additional orderlies can be employed under paragraphs 528, 529, and 530, special authority for their extra-duty pay being obtained as laid down in paragraphs 531 and 532.
Sierra Leone...	1	1	3	1	
Bahamas ...	1	1	...	...	
Demerara ...	1	1	2	1	
Barbados ...	1	1	1	...	
Jamaica ...	1	1	2	...	
Honduras ...	1	1	1	...	
Total ...	7	7	10	2	

SECTION VII.—NON-DIETED STATION HOSPITALS.

564. Non-dieted station hospitals will be opened at stations where small detachments of less than one hundred men are quartered. **Where to be opened.**

565. At stations where the strength of the detachment is 40 and under 100, hospital equipment on the following scale will be supplied. **Scale of hospital equipment.**

566. For a strength of 40 men, two beds; for 70 men, three beds; and for 90 men four beds. **Number of beds.**

567. The patients in non-dieted hospitals will, as a rule, be placed under the medical charge of civilian medical practitioners. **Generally under charge of civilian surgeons.**

568. When these hospitals are placed in charge of a civilian medical practitioner, the Director-General will decide upon the number of beds considered necessary, and the Principal Medical Officer of the district will direct the district quartermaster, Medical Staff, to draw from the Commissariat full hospital equipment for the same, and place it in the care of the non-commissioned officer of the Medical Staff Corps performing the duties of steward and wardmaster, who will endorse the inventory as laid down in paragraph 492 of these Regulations. When such hospitals are in charge of an officer of the Medical Staff, the equipment will be taken over and accounted for by him. **Hospital equipment how drawn and held.**

569. At stations where the detachments are under 40 men, these hospitals will not be supplied with hospital equipment, and men who are admitted will use the barrack bedsteads, bedding, and utensils. **Barrack equipment.**

570. In hospitals where the men use their barrack equipment only, a non-commissioned officer of the Medical Staff Corps will not be attached, but application will be made to the Officer Commanding the corps to which the sick belong for a regimental non-commissioned officer to take charge of the equipment, which will be held and accounted for by the Officer Commanding the corps. **Barrack equipment how held.**

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571. Application will be made to the Officer Commanding the corps for hospital attendants for the sick in these hospitals in the proportions laid down in paragraphs 527 and 528 of these Regulations. **Hospital orderlies.**

Rations to be drawn by regiment.

572. In accordance with paragraph 66, Allowance Regulations, the ordinary company ration, in lieu of a hospital diet, will be drawn, and supplied from the regiment or detachment to which the patient belongs or is attached.

Extras that may be issued.

573. The following extras can also be issued, when considered necessary, viz.: "extractum carnis, or essence of beef, sugar, tea, oatmeal, arrowroot, barley, wine, brandy, mustard, pepper, salt, milk, and eggs."

Extras will be drawn from the commissariat.

574. The authorised extras will be drawn from the Commissariat or from the contractor on requisition (Army Books 189 and 190), signed by the civilian surgeon in charge.

Returns of extras issued.

575. In accounting for extras, the following Army Forms will be used, viz.:

576. Diet sheets (Army Form I 1202); hospital statement of daily diets (Army Form F 739); statement of provisions received, issued, and remaining (Army Form F 738); stewards' provision store account (Army Form F 735).

Hospital stoppages.

577. Hospital stoppages for extras only, and for the days only on which such have been issued, will be prepared on Army Form O 1642, and dealt with as laid down in paragraphs 516 to 520 of these Regulations.

Returns to to be sent in.

578. An admission and discharge book (Army Book 27), will be kept in each non-dieted station hospital; and a weekly state, annual return, and quarterly sanitary return will be furnished as in dieted hospitals, in accordance with Part 7 of these Regulations.

Books, forms, and stationery, how supplied.

579. The Principal Medical Officer of the district will provide the necessary Army Forms, Books, and Stationery; and will cause their use to be explained to civilian practitioners in charge, and to regimental non-commissioned officers employed.

Medicines and surgical appliances.

580. Medicines and surgical materials for non-dieted hospitals will be supplied on requisition through the principal Medical Officer of the district, except where civilian practitioners in charge supply their own medicines and surgical appliances at contract or other rates.

Non-dieted and dieted hospitals for Militia regiments.

581. Non-dieted hospitals will be opened for regiments of militia when called out for training where there are no station hospitals, in accordance with Part VI, Section II, Regulations for the Militia, 1883; but dieted hospitals will not be opened until the special authority of the Director-General has been obtained.

Field hospital equipments for Militia.

582. Field hospital equipment for a stationary hospital will be supplied to militia regiments encamped for training where no building is available for a hospital, in accordance

with the scale laid down in Appendix 16 of these Regulations, and with the addition of such special articles of equipment as the Principal Medical Officer of the district may consider necessary to meet the exigencies of the case. Such equipment will be drawn and held regimentally in accordance with paragraph 1404 of the Militia Regulations, 1883.

583. Cleaning articles for non-dieted hospitals will be drawn according to the scale, paragraph 860, Allowance Regulations (see Appendix No. 15). **Cleaning articles.**

SECTION VIII.—HOSPITALS FOR SOLDIERS' WIVES AND CHILDREN.

I.—General Rules.
II.—Hospital for Cases of Parturition and General Diseases.
III.—Hospital for Infectious Diseases.

I.—GENERAL RULES.

Female hospitals at certain stations.

584. Hospitals are provided and equipped at certain stations on the special authority of the Secretary of State for soldiers' wives and. children, and the same discipline and good order will be preserved in them as in other military hospitals.

Two kinds.

585. These hospitals are of two kinds, forming distinct establishments, one for the treatment of cases of parturition and general disease, the other for infectious diseases.

Persons entitled to hospital treatment.

586. The families of warrant officers, non-commissioned officers, and soldiers on the married roll may be admitted to these hospitals and receive treatment at the public expense, when there is available accommodation. Male children above the age of 10 (unless in very special cases) will not be admitted into them.

The term "family."

587. The term family, when used in these regulations, will be understood to include the wife of the soldier, and his legitimate children and step-children under 14 years of age.

Diet and extras allowed.

588. While soldiers' wives and children are under treatment in hospital, they will, in accordance with paragraph 67, Allowance Regulations, receive the same diets and extras as are authorized for soldiers, and the same returns will be used for the issue, and rendered for the expenditure of these diets and extras as are laid down in these regulations for use in dieted hospitals.

Admission for first confinements.

589. The wives of non-commissioned officers and soldiers will invariably be admitted to hospital for their first confinement, provided there be sufficient accommodation. They will be entitled to admission in *subsequent cases* of confinement— Cl. 3 A.C.

(*a*) When occupying wooden huts;
(*b*) When occupying one room in quarters or barracks.

Admission of general diseases.

590. Cases of serious and acute disease will only be admitted when, in the opinion of the Principal Medical Officer, the nature or the circumstances of the cases are such as to justify their treatment in hospital at the public expense. Cases of chronic disease will not be admitted without the approval of the Director-General.

Form of application for admission in cases of acute disease.

591. When a medical officer considers that a woman or child, labouring under serious or acute disease, requires hospital treatment, he will submit an application for admission to the Principal Medical Officer on Army Form B 246, or in manuscript according to the following form :—

Station Date

Application for the admission of (a Woman or Child)
Regiment, into the Hospital for Soldiers' Wives and Children.

ame.	Age.	Disease.	Date of attack.	Amount and Class of Barrack Accommodation.				Remarks. Explanatory of Circumstances deemed to require Hospital Treatment.
				No. of Rooms.	If in room with other families.	No. of Children.	If in Wooden Huts.	

I certify that suffers from an attack of acute
nd that I consider would be seriously endangered if left for treat-
ıent in quarters, owing to the want of proper nursing, quiet and rest.
Approved. (Signature of Medical Officer.)

Principal Medical Officer.

Patients sent to the Hospital must bring this form with them.

Admission for infectious diseases.

592. Cases of scarlet fever, diphtheria, and small-pox, when occurring in barracks or huts, will always be admitted into hospital, or a room set apart for their treatment, with a view of preventing, or limiting, the spread of such diseases. Other infectious maladies will, as a rule, be treated in quarters, and such cases will only be admitted into hospital on the order of the Principal Medical Officer, under circumstances which, in his opinion, justify a departure from the general rule.

Where treated.

593. Infectious cases will never be treated in any of the hospitals devoted to cases of parturition and general disease.

Admission ticket.

594. The wives and children of soldiers on the married roll coming to hospital for admission, will be required to bring a certificate on ticket for admission into hospital (Army Form B, 247), signed by the Commanding Officer, that the applicant is the wife or child of a soldier on the married roll of a regiment and entitled to quarters. This form will also be signed by a medical officer doing duty with the corps, who will certify as to the nature of the disease.

Admission of families not on married roll.

595. Cases occurring among the wives or children of soldiers not on the married roll are only admissible on the conditions laid down in paragraph 69, Allowance Regulations, under exceptional circumstances, or when their removal may be deemed necessary as a matter of safety to the troops and the public.

Special authority for such admissions.

596. Prior to or after (in an emergency) admission of cases not on the married roll, the sanction of the General Officer Commanding the district will be obtained through the Assistant Quartermaster-General according to the following form :—

597. I recommend to the favourable consideration of the General Officer Commanding, for admission to the hospital for the wives and children of soldiers, as an exceptional case, of a soldier of the regiment under my command, but not "on the strength."

The person is respectable and deserving of hospital treatment.

Officer Commanding.

The expenses of the above-mentioned person are guaranteed by me

Name

Rank

* I certify that†

now residing in barracks (or quarters), is labouring under‡ and requires to be removed to hospital to prevent the spread of infection.

The

Medical Officer.

A.-Q.-M.-General.

In cases of general and infectious disease the approval of the Principal Medical Officer will be forwarded when the sanction of the General Officer Commanding is applied for.

598. The authorized number of beds in each hospital must never be exceeded, unless with the authority of the Secretary of State. **No addition to number of beds.**

599. At stations where hospitals for women and children have not been established, a room in barracks, if available may, with the sanction of the Officer Commanding the station, and the Principal Medical Officer of the district, be allotted as a ward for the reception of such cases of sick women and children as it may be deemed expedient to remove from their quarters. Equipment and fuel and light will be provided for such ward; but it is distinctly to be understood that only under special War Office authority will any expense for nursing or diet be admitted as a charge against the public. The following medical comforts, viz.: "wine, port or sherry; brandy; arrowroot; essence of beef, or extractum carnis," may be issued where there is a hospital provision store at the station in accordance with paragraph 68, Allowance Regulations. **Allotment of a barrack room for sick of families.** **Extras allowed.**

600. Medical officers will, if possible, send patients requiring admission at a sufficiently early hour, in order that they may be placed on diet the following day. **Patients to be sent early to hospital.**

601. The responsibility of medical officers doing duty with corps will not cease in connection with a case until they have satisfied themselves that the medical officer in charge of the hospital has actually assumed professional care of any woman or child they may have sent for admission. **Responsibility of medical officers sending cases for admission.**

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* The Medical Officer who sends the patient to the hospital will fill up and sign this certificate when the disease is of a contagious description.

† Insert name.

‡ Insert disease.

N.B.—The Medical Officer in charge of the hospital will transmit these applications, after they have been approved of, to the Commissariat Officer.

II.—HOSPITAL FOR CASES OF PARTURITION AND GENERAL DISEASES.

Medical officer, how appointed.

602. The medical officer in charge will be appointed by the Director-General.

Control of the hospital.

603. He will be responsible for all medical arrangements and the internal management of the hospital, will have entire control over all the servants and patients; and be the Accounting Officer for all equipment stores and supplies held in hospital charge.

Instruction in midwifery to soldiers' wives who are desirous of qualifying as midwives.

604. At stations where it is practicable to do so, he will give a course of practical and theoretical instruction to soldiers' wives who are desirous of becoming qualified to attend as army midwives and sick nurses on the wives and children of soldiers. Regulations on this subject for the guidance of medical officers will be found detailed in Appendix 10 of these Regulations.

Monthly return.

605. The medical officer in charge will, at the end of every month, forward to the Principal Medical Officer of the district for the information of the Director-General, a return of patients treated in the Female Hospital (Army Form A 17), affording at the same time any explanation that may be necessary as regards the admission of cases of general disease and showing the servants employed in the hospital.

Annual return and report.

606. He will submit, at the end of every year, an annual return and report prepared from the admission and discharge and case books, on Army Form A 16, which will be forwarded to the Director-General through the Principal Medical Officer of the district.

Appointment of matron.

607. A matron, duly qualified as a midwife, will be appointed, with the approval of the Director-General, to each hospital.

Duties of the matron.

608. She will obey all regulations respecting discipline, time and discharge of her duties, which may from time to time be issued by the medical officer in charge for her guidance, and will attend strictly to his orders regarding the care and nursing of the sick, the general management, washing, warming, and ventilation of the wards, the administration of diets and medicines, and cleanliness of the patients. She will also be responsible to him for the safe custody of the equipment of the hospital.

Not to leave hospital without permission.

609. She will not be absent from the hospital without the authority of the medical officer. In her absence a nurse will be selected, with his approval, to take her place.

Dieting

610. She will under instructions from the medical officer,

and in accordance with these Regulations, prepare the following returns of diets and extras: Diet sheets (Army Form I 1202); steward's provision ticket (Army Form I 1218); wardmaster's abstract of diets and extras (Army Form F 739); steward's provision store account (Army Form F 735), steward's monthly statement of receipts, issues, and remaining (Army Form F 738). She will also submit for his signature the daily requisitions for consumable supplies, and will retain in her personal custody all such supplies held in reserve. **returns and charge of stores.**

611. She will draw fuel, light, and articles for cleaning and washing purposes in accordance with instructions contained in paragraphs 199, 200, and 207 of these Regulations, and will regulate and distribute the articles according to requirements. **Fuel, light, and articles for cleaning and washing purposes.**

612. She will be assisted by a staff of nurses and servants according to the requirements of the hospital, who will carry out her orders. They will be neat and clean in their dress; and it will be their special duty,— **Nurses and servants.**

(*a*) To clean out their respective wards;

(*b*) To attend regularly to the personal cleanliness of the patients who are helpless, and to see that those who are able to do so make use of the ablution room.

(*c*) To wash small articles of clothing as required.

613. They will take charge in their respective wards of the equipment as well as of all articles of clothing, and see that the patients take proper care of the articles in their possession. **To take charge of wards and equipment.**

614. The nurse who acts as cook will be careful to have the meals ready at the following hours: breakfast, 8 o'clock; dinner, 1 o'clock; tea, 5.30 p.m. No provisions will be kept in the wards. **Cook.**

615. The cook will also have charge of the kitchen equipment, the entrance, kitchen, and bath-rooms. In pressure of sickness she will assist the nurses. **Charge of kitchen, entrance, and bath rooms.**

616. The matron and subordinates employed in the hospital will, in accordance with paragraph 67, Allowance Regulations, and when duly authorized, receive free daily diets as for soldiers. **Diets for servants.**

617. Patients having complaints to make relative to the diet, or to any neglect on the part of the nurses, will make them to the medical officer during his visit. **Complaints.**

618. Smoking, by visitors or others, will be strictly prohibited, either within the hospital or in its vicinity. **Smoking prohibited.**

619. Persons removing furniture or equipment belonging to government from the hospital will be liable to prosecu- **Equipment not to be**

removed from hospital.

tion. All wilful injury to equipment or stores will be charged as ordinary damages against the persons in default (see Appendix No. 70).

Patients to hand over articles of value.

620. Every patient upon admission will be required to hand over money and articles of value in her possession to the matron, who will enter them in a book in the presence of the patient, giving the latter a receipt in return. The property will be returned on the patient's discharge.

Women bring certain articles to hospital.

621. Every woman is expected to bring with her a change of linen, a brush and comb, and if admitted for confinement, infant clothes also.

Women when sufficiently recovered to assist.

622. Such women as may be considered sufficiently recovered, will be required, if called upon, to assist the nurses in cleaning the wards and attending on their fellow patients.

Personal cleanliness.

623. Every patient who is allowed to leave her bed must be washed, have her hair neat, and her bed made up by 9 a.m. in summer, and 10 a.m. in winter.

Clothing.

624. The clothing not in use will be put away in a press, and numbered so as to correspond with the bed; the other articles of dress will be neatly folded and placed on the bed box.

Patients to obey orders.

625. Patients will strictly obey the orders of the medical officer, matron, and nurses, and will not leave the hospital without permission from the medical officer. Loud talking and noise are strictly forbidden.

Rules as to visitors.

626. With the sanction of the medical officer, female relations and friends will be permitted to visit patients during the day, and husbands will be admitted to see their wives between the hours of 6 and 8 p.m. No visitor will, however, be permitted to enter or leave the hospital without the knowledge of the matron or her deputy. Only one visitor for each patient will be allowed at a time.

Visitors forbidden to introduce food or liquor, &c.

627. Visitors are strictly forbidden to bring the patients intoxicating liquors of any kind, and food, delicacies, or medicines will not be brought into the hospital without the express permission of the medical officer. It is also to be clearly understood that no articles of clothing, equipment, or decoration, should be introduced into the hospital by garrison committees or other associations without the concurrence of the medical officer in charge, who alone is responsible for the well being of the patients.

Scrupulous cleanliness to be maintained.

628. Soiled linen will be at once removed to the place appointed for it, and the most scrupulous cleanliness will be maintained in the wards, and in every room of the hospital.

629. A special room will, as a rule, be set apart in which women are confined and dressed before being taken to a general ward. Special room for confinements.

630. Should cases of infectious disease arise among the patients in hospital, arrangements will, if possible, be at once made for the isolation of such cases; the Principal Medical Officer will be immediately informed of their occurrence, and at once report the same to the Director-General. Outbreak of infectious disease in hospital.

631. After the occurrence of any infectious cases the hospital will be fumigated and thoroughly cleansed; but should the cases be of the nature of puerperal fever, steps will be taken as soon as possible to close the hospital entirely, and it will not be reopened without the sanction of the Director-General, and until the Principal Medical Officer is satisfied that the probable risk of a fresh outbreak is removed. Fumigation, cleaning, and closing of the hospital.

632. The medical officer in charge will also as a rule, and when so directed, attend the officers of the Staff and their families and others at the station who may be entitled to medical attendance. Attendance on staff.

633. The Officer Commanding the station will cause an intelligent orderly to be detailed from the troops, for duty at the hospital; he will be under the orders of the medical officer in charge, who will instruct him as to the hours of attendance, and as to his duties as messenger for all purposes connected with the hospital. Orderly for female hospital.

634. Medicines will be obtained, and prescriptions made up at the surgery of the station hospital, as may be arranged by the Principal Medical Officer; special surgical instruments and appliances will be obtained through the Principal Medical Officer. Medicines, instruments, and appliances.

635. Army Forms, books, and stationery will be obtained through the Principal Medical Officer. Forms, books, and stationery.

636. Vaccination and re-vaccination of officers and their families, and of women and children in the garrison, will be carried out at the hospital, as may be directed by the Principal Medical Officer; one Vaccination Register (Army Book 28) will be kept for all, but in separate sections. Vaccination at hospital.

III.—HOSPITAL FOR INFECTIOUS DISEASES.

637. When a hospital for infectious diseases is to be opened, the medical officer who is to take charge of it, will be detailed for the duty by the Principal Medical Officer of the district. Medical officer.

Head nurse to be assisted if necessary.

638. A trained and competent head nurse will also be appointed by the Principal Medical Officer, and will be assisted by as many nurses as may be deemed necessary.

To act as matron.

639. The head nurse will act as matron, and will carry out all orders of the medical officer in charge.

Mothers of children admitted into hospital.

640. Mothers of children who are admitted will not be allowed to remain in hospital without the medical officer's sanction, unless suckling a child. Mothers permitted to remain in hospital will not visit the barracks without special permission. They will be required to assist the nurses by attending to their own children's beds and keeping the wards clean.

Clothing while in hospital.

641. A change of clothing will be brought with every patient, which in the case of a child will be washed by the mother. On leaving the hospital each patient, and the mothers if they have remained in hospital, will have a perfectly clean set of clothing, and that which has been in wear up to the period of leaving will be properly disinfected before being handed over to the parties to whom it belongs.

Visitors.

642. No visitor whatever will be allowed without the special sanction of the medical officer in charge.

Diet, nursing, and good order.

643. The same rules with regard to diet equipment, nursing, cleanliness, and good order will be observed in hospitals for infectious diseases as are laid down in regulations for hospitals for parturition and general diseases.

SECTION IX.—HOSPITAL ESTABLISHMENTS IN THE FIELD.

I.—Organization.
II.—Duties of Administrative Medical Staff at Headquarters of an Army Corps.
III.—Duties of Administrative Medical Staff at Headquarters of a Division.
IV.—Duties of Administrative Medical Staff at Headquarters of Cavalry Brigade.
V.—Duties of Administrative Medical Staff on the Lines of Communication.
VI.—Duties of Administrative Medical Staff at Base of Operations.
VII.—Duties of Medical Officers attached to Corps in the Field.
VIII.—Bearer Companies.
IX.—Field Hospitals.
X.—Advanced Depot of Medical Stores.
XI.—Hospitals on the Lines of Communication.
XII.—General Hospital at Base with Military Depot attached.
XIII.—Depot of Medical and Surgical Stores at Base.

I.—ORGANIZATION.

Administrative Medical Staff.

644. The Administrative Medical Staff of an Army Corps in the field will be—

(*a*) Surgeon-General, Principal Medical Officer at headquarters, and staff (Appendix 46).

(*b*) Principal Medical Officer of a division, and staff (Appendix 47).

(*c*) Principal Medical Officer of cavalry brigade and corps troops, and staff (Appendix 48).

(*d*) Principal Medical Officer on the lines of communication, and staff (Appendix 49).

(*e*) Principal Medical Officer at base of operations, and staff (Appendix 50).

Executive Medical Staff.

645. The Executive Medical Staff in the field will consist of medical officers and quartermasters of the Medical Staff; warrant and non-commissioned officers and men of the Medical Staff Corps and its Reserves; together with *such medical officers* of the Auxiliary Forces,

civil surgeons, medical students, nursing sisters, and others as are duly authorised to serve in the hospitals.

Hospital establishments and line of medical assistance.

646. The line of medical assistance and hospital establishments for an army in the field, traced from front to rear, will be as follows :--

(*a*) Medical officers attached to corps (Appendix 51).
(*b*) Bearer companies (Appendices 52, 43, 58 and 60).
(*c*) Field hospitals (Appendices 53, 43, 59 and 61).
(*d*) Advanced depôt of medical stores (paragraphs 784 to 790).
(*e*) Hospitals on the lines of communication (Appendices 54, 43 and 44).
(*f*) General hospitals at base with attached military depôt (Appendix 55).
(*g*) General depôt of medical and surgical stores at base (Appendix 55).
(*h*) Hospital ships (Appendices 56 and 45).

II.—DUTIES OF ADMINISTRATIVE MEDICAL STAFF AT HEADQUARTERS OF AN ARMY CORPS.

Position of Surgeon-General.

647. The Surgeon-General will be on the Staff of the Army Corps, and will, under the General Officer Commanding, have supreme control over all medical arrangements and establishments connected with the force.

To advise and direct medical arrangements.

648. He will remain with the headquarters of the Army Corps, advise the General Officer Commanding on all matters connected with the medical arrangements of the army, and transmit to Principal Medical Officers and others such orders as he may receive from him, or from the Chief of the Staff, or that he may himself issue.

Communication with heads of departments.

649. He will be in communication with the Heads of Departments in the field, and intimate to them the transport, equipment, stores, and supplies that may probably be required in connection with medical organization.

Unattached bearer companies and hospitals.

650. He will be responsible for the disposal of such bearer companies and field hospitals as may be held in reserve or not attached to divisions.

Inspection of hospital establishments.

651. He will, as opportunity offers, inspect the whole of the hospital establishments of the Army Corps.

Staff

652. He will be assisted by a Staff as laid down in Appendix 46 of these regulations.

Returns.

653. He will furnish to the General Officer Commanding, and to the Director-General, the returns laid down in Part 7, Section VI, of these Regulations.

Orders for

654. He will issue to the Sanitary Officer of his Staff

such orders as it may be advisable to carry out in connection with the Quartermaster-General's Department. sanitary officer.

655. The duties of the Sanitary Officer are laid down in Part 6, Section VIII, of these Regulations. Duties of Sanitary officer.

III.—DUTIES OF ADMINISTRATIVE MEDICAL STAFF AT HEADQUARTERS OF A DIVISION.

656. The Principal Medical Officer will be of the rank of Deputy Surgeon-General, will be on the Staff of, and remain with the Headquarters of the Division. Rank and position.

657. He will advise the General Officer Commanding on all matters affecting the health of the division, and will receive and transmit orders from him and from the Surgeon-General of the Army Corps. Serve under G.O.C. and Surgeon-General.

658. The officers, warrant officers, non-commissioned officers, and men of the Medical Department attached to corps, bearer companies, and field hospitals within the division will be under his orders and at his disposal, and under the General Officer Commanding he will be responsible for the movements and proper distribution of the companies and hospitals at all times. Medical Staff of division to be under him. Responsibility for disposal of hospitals.

659. He will frequently inspect the bearer companies and field hospitals, and ascertain that medicines, surgical appliances, food supplies of all kinds, equipment, shelter and transport, are in every respect sufficient for the wants of the sick and wounded. Frequent inspections.

660. He will make all reports on hospital establishments to the General Officer Commanding and the Surgeon-General of the Army Corps. Reports.

661. He will see that medical officers attached to corps do not allow sick or unfit men to remain with their corps and encumber the front. Prevent unfit men remaining with corps.

662. He will be careful to guard against the field hospitals becoming hampered and overcrowded with sick, and will endeavour to keep up a steady system of evacuation towards the base of such men as are not likely to become speedily effective. Guard against overcrowding of field hospitals.

663. He will keep the Surgeon-General at headquarters and the Principal Medical Officers of the lines of communication constantly informed of the number and description of sick and wounded requiring transport towards the base, and will specify, if possible, the kind and quantity of sick carriage necessary. Evacuation towards base.

664. He will, from the nominal rolls (Army Form I 1226) of men sent to the rear from the field hospitals, when Furnish names of

men from nominal rolls.

called upon, furnish the General Officer Commanding with the names and regiments or corps of sick and wounded so transferred.

Arrangements before an action.

665. When an engagement is expected he will arrange with the General Officer Commanding the most suitable positions for the collecting and dressing stations of the bearer companies, and for pitching the field hospitals; and will satisfy himself that the stretcher parties and ambulances or other sick carriage of the first and second line are equipped, and all arrangements made for succouring the wounded in the quickest and most efficient manner.

Attendance on Brigade Staff.

666. He will nominate a medical officer attached to a corps in a brigade to attend on the Brigade Staff.

Returns.

667. He will render the returns laid down in Part 7, Section VI, of these Regulations.

Duty when division detached.

668. When a division is detached so as to render communication with the headquarters of the Army Corps impracticable, he will perform all the duties of the Surgeon-General of an Army Corps in respect to the division.

Staff.

669. He will be assisted by a staff as laid down in Appendix 47 of these regulations.

IV.—DUTIES OF ADMINISTRATIVE MEDICAL STAFF AT HEADQUARTERS OF A CAVALRY BRIGADE.

Rank and Function.

670. A Principal Medical Officer of the rank of Brigade Surgeon will be attached to the Cavalry Brigade and Corps Troops of an Army Corps.

Position.

671. He will remain at the Headquarters of the Cavalry Brigade, and be on the Staff of the brigade.

Duties.

672. He will perform his duties in the same manner as laid down for Principal Medical Officers of divisions.

Returns.

673. He will render the return laid down in Part 7, Section VI, of these Regulations.

Staff.

674. He will be assisted by a staff as laid down in Appendix 48 of these Regulations.

V.—DUTIES OF ADMINISTRATIVE MEDICAL STAFF ON THE LINES OF COMMUNICATION.

On Staff of General Officer.

675. The Principal Medical Officer will be of the rank of Surgeon-General, and on the Staff of the Lines of Communication.

Movements of sick and transport of stores.

676. He will advise and carry out the orders of the General Officer Commanding in all medical matters connected with the movements of troops towards the front,

or sick and wounded towards the base, and the transport of medical and surgical stores and supplies.

677. The whole hospital establishments of the base, and lines of communication up to the field hospitals, including the depôt of medical stores, will be directly under his authority, and he will frequently visit and inspect the same, or direct his Deputy to do so, and see that they are in a state of thorough efficiency. **Charge of all hospital establishments up to field hospitals.**

678. He will be assisted by a Deputy Surgeon-General as Field-Inspector and a staff as laid down in Appendix 49 of these Regulations. Should there be several lengthened lines of communication his staff will be strengthened by additional Deputy Surgeons-General or Brigade-Surgeons, clerks, &c., as required. **Staff.**

679. He will receive instructions from the Surgeon-General at headquarters as to the number and class of cases to be evacuated from the field hospitals, and will at once make arrangements with the General Officer Commanding as to their transport, specifying, as far as possible, the amount and kind of sick carriage required. **Evacuation of field hospitals.**

680. He will keep himself constantly informed as to the accommodation available in the Stationary and Base hospitals, and will, when practicable, give the medical officers in charge of hospitals timely warning of the day and hour of arrival of parties of sick and wounded at different places along the route. **Warning of arrival of parties at hospitals.**

681. He will detail from the staff attached to stationary hospitals medical officers and attendants for parties of sick and wounded journeying towards the base, and will see that sufficient provision of medicines, surgical materials, and medical comforts has been made for use on the road. **Attendants and supplies for sick convoys.**

682. He will see that a sufficiency of all medical supplies is kept up at the Advanced Depôt of Medical Stores, and that the depôt is moved forward as the troops advance, so that it may always be within easy reach of the field hospitals. **Advanced depôt of medical stores.**

683. He will at once take under his authority all field hospitals left behind with sick, and all fresh hospitals opened in rear of the army. **Field hospitals left behind.**

684. He will render the returns laid down in Part 7, Section VI, of these Regulations. **Returns.**

685. All medical officers of the Auxiliary Forces, civil surgeons, medical students, nursing sisters, and others rendering voluntary aid, and whose services are authorised by the General Officer and Surgeon-General of the Army Corps, will be placed at his disposal for duty in the station- **Voluntary medical aid.**

ary and base hospitals, at such places and in such a manner as he may deem expedient.

Misconduct of volunteers.

686. They will act under the medical officer in charge of the hospital in which they are doing duty, who may suspend from duty any guilty of misconduct or disobedience, reporting the same at once to the Principal Medical Officer, who will take such further steps as may be necessary.

Staff and supplies of Aid Societies.

687. The representatives of Aid Societies will be required to place at the disposal of the Principal Medical Officer their staff of surgeons and attendants, and all supplies brought by them for distribution to hospitals.

Allocation of duties to volunteers.

688. He will allocate duties to all such volunteers, and the representatives of Societies will thereafter have no power to remove or re-distribute their staff without his express sanction.

Supplies of Aid Societies—use in hospitals.

689. He will cause all supplies of any kind furnished by Aid Societies or others for hospital use to be distributed by the representatives to such hospitals as he may name, but such supplies will not be introduced into a hospital, or used, or issued to patients except with the permission of the medical officer in charge.

Visits of civilians to hospitals.

690. He will give orders that no civilians be allowed to visit any of the hospitals unless duly provided with a pass, signed by the medical officer in charge thereof.

VI.—DUTIES OF ADMINISTRATIVE MEDICAL STAFF AT BASE OF OPERATIONS.

Position and duties.

691. The Principal Medical Officer will be of the rank of Deputy Surgeon-General, and will, under the Officer Commanding at the Base, and the Principal Medical Officer of the lines of communication, have control over all hospital establishments, including hospital ships, at the base of operations.

Staff.

692. He will be assisted by a staff as laid down in Appendix 50 of these Regulations.

Sanitary and embarkation duties.

693. The Brigade-Surgeon will act as sanitary officer, and superintend details connected with the embarkation of sick and wounded.

Reception of sick and embarkation of invalids.

694. The Principal Medical Officer will make all arrangements for the reception into hospital of sick and wounded from the front, for the discharge to the depôt of such men as do not require further treatment, and for sending invalids to England or elsewhere.

695. He will inspect vessels taken up to convey in-

valids, and see that such are thoroughly found in medicines, surgical appliances, medical comforts, clothing, and attendants, according to the class of cases embarked. Inspection of troopships.

696. He will arrange for the landing of medical and surgical stores and supplies from freight ships. Stores from freight ships.

697. He will see that all medical duties connected with the Military Depôt at the Base are carried out in accordance with Section XIV, Queen's Regulations and Orders for Army. Duties in connection with Military Depôt.

698. He will exercise supervision over the Depôt of General Medical Stores at the Base, and see that the supply of medicines and materials of all kind is kept up. Supervise depôt of medical stores.

699. He will, according to such orders on the subject as may be issued by the General Officer Commanding, direct the Registrar of the General Hospital to take over charge of all regimental documents other than those specified in paragraph 700, belonging to men of the Medical Staff Corps left behind them on proceeding to the front. Disposal of regimental documents.

700. He will, as Accounting Officer, direct the Quartermaster, appointed on his staff for the purpose, to take over all documents connected with the pay, clothing, and equipment of men of the Medical Staff Corps proceeding to the front. Disposal of pay, &c., documents.

701. He will render the returns laid down in Part 7, Section VI, of these Regulations. Returns.

702. All officers of the Medical Staff, warrant and non-commissioned officers and men of the Medical Staff Corps, as well as all persons seeking to render voluntary hospital aid, will, on arrival at and departure from the base, report themselves, or be reported to him. Arrival and departure of Medical Staff.

VII.—DUTIES OF MEDICAL OFFICERS ATTACHED TO CORPS IN THE FIELD.

703. A medical officer will be attached, to afford temporary aid, to each regiment, battery, troop, or company of Royal Engineers on active service in the field, as shown in Appendix 51 of these Regulations. Units to which attached.

704. He will be under the orders of the Officer Commanding the corps to which he is attached, but will receive instructions and be at the disposal of the Principal Medical Officer of the division or brigade in which he is serving. Position.

705. His baggage will be carried in the regimental transport, and he will be furnished with a servant from the ranks of the corps to which he is attached. Baggage and servant.

706. *Medical officers attached to* regiments of cavalry Staff and equipment.

and infantry will be supplied with the following staff, and medical and surgical equipment :—

1 corporal from the corps to which he is attached.
1 private ditto as orderly.
1 pair field medical and surgical panniers complete.
1 field medical companion, with water-bottle complete.
1 surgical haversack, complete.
1 tent, surgery, single circular.

Those attached to batteries, troops, and companies will be supplied with—

1 private from the corps to which attached as orderly.
1 field medical companion, with water-bottle complete.
1 surgical haversack, complete.

Books and stationery.

707. Each medical officer will likewise be furnished with one copy Army Book 39; and those attached to batteries, troops, and companies (who are not supplied with field panniers containing stationery), will have the following stationery: foolscap (plain half-sheets) half quire, envelopes (note octavo) No. 25, indelible pencils No. 4.

Equipment, how drawn and carried.

708. The medical officer will draw the foregoing equipment from army medical stores previous to embarkation, or taking the field, and will hand it over for carriage in the regimental transport, but it will remain in his charge, and the Officer Commanding will arrange that it be at all times at his disposal.

How replenished.

709. It will be replenished when necessary by requisition on the field hospitals.

Field stretchers.

710. Officers Commanding corps will be responsible that field stretchers ("bearers, hospital") are drawn by the regimental quartermaster in the proportion of one for each company, carried regimentally, and placed at the disposal of the medical officer.

Records, returns and reports.

711. When men are reported sick they will be sent to the medical officer with the usual company sick reports in duplicate (see paragraph 59 of these Regulations); if they are passed to hospital one copy of the report will be sent with them, and the other, on which the man's disease and destination will be marked, returned to the Officer Commanding. The medical officer will enter their names, diseases, and disposal in his hospital diary (Army Book 39), but he will not be required to keep any other record, or furnish returns and reports except such as may be called for by the Principal Medical Officer of the division or brigade.

Men to be seen before going to hospital.

712. Every man reported sick must first be seen by the medical officer before he passes to a field hospital.

To afford temporary

713. The medical officer will afford such temporary

assistance to sick and wounded as may be required in camp, on the line of march, and in action. assistance only.

714. He will, while placing every check against men reporting themselves sick unnecessarily, or passing to the field hospitals without due cause, at the same time be careful that no man requiring hospital treatment, or who is really unfit for duty, is detained in front with his corps. Prevent malingering or accumulation of sick in front.

715. When an action is expected, the trained stretcher-bearers of a corps, in the proportion of two per company, will be placed at his disposal; they will leave their rifles and valises in the carts, take the stretchers, and proceed under his directions to the scene of action; the orderly will also accompany him, carrying the field companion and water bottle and the surgical haversack. Regimental stretcher-bearers.

716. The corporal will remain in charge of the field medical panniers, so that they may be made available during or immediately after the action. Field panniers during an action.

717. The medical officer in severe actions will only afford such temporary aid to the wounded as may be within his power, until they are succoured by the bearer companies, and will not undertake any serious surgical operation. Extent of aid to wounded.

718. He and the regimental bearers will never lose touch of their corps during an action, but keep in close proximity to them, and on no account attempt to carry the wounded long distances back, or in any case beyond or in rear of the collecting stations formed by the bearer companies. Never to lose touch of corps.

VIII.—BEARER COMPANIES.

719. Bearer Companies form the First Line of medical assistance in the field. First line of assistance.

720. The detailed units of personnel and equipment of a bearer company are laid down in Appendices 52 and 43 of these Regulations. Detailed units.

721. A bearer company will be formed of trained bearers from the Medical Staff Corps and its Reserves, and will be under the command of a medical officer. How formed and commanded.

722. On the formation of a company at home the men will be assembled at Aldershot; the quartermaster attached will, on requisition (Army Form G 1015) approved and signed by the medical officer appointed to command, draw the necessary stores and equipment at the Royal Arsenal, Woolwich. Assembly of men and drawing equipments.

723. The medical officer in command will be responsible to the Principal Medical Officer at the Base for the arms and accoutrements, clothing and necessaries, of the per- Medical officer in command to

be accounting officer.

sonnel of the Company; and will account for the equipment and stores held by the Company to the senior ordnance store officer in the field, in the Field Hospital Equipment Ledger (Army Book 248).

Report before embarkation.

724. The medical officer in command will, before embarkation, satisfy himself and report to the Director-General that the company is complete in personnel and equipment in every particular.

Embarkation.

725. The personnel and material, and if possible the transport of a bearer company, will be embarked together in the same vessel, and sail with the division to which it is attached.

Transport.

726. The transport of a bearer company, whether wheeled or pack, will be furnished by the Commissariat and Transport Staff Corps, and while attached to the bearer company will be under the command of the medical officer; it will not be taken away or used for any second purpose, unless under the authority of the General Officer Commanding the Army Corps.

Pay, clothing and equipment.

727. The quartermaster, under the medical officer, will, in addition to his other duties, be responsible for such duties connected with payment, clothing, and equipment of the company as may be required (see paragraph 700).

Number for a Division and Army Corps.

728. The number of bearer companies for a division will be two, and for an Army Corps eight, including one attached to the cavalry brigade and corps troops; each company is complete in itself and will not be divided.

Association with field hospitals.

729. They will be associated with and camped in the field in close proximity to the field hospitals, in order that they may afford every assistance in dealing with the sick and wounded, and provide hospital guards; but while the campaign lasts the bearer company organization will be maintained separate and distinct from the field hospitals.

Association with brigades.

730. They will practically each be attached to a brigade, but will not form an integral part thereof, and will be fully at the disposal of the divisional authorities, who will detach or mass them together as necessity may require.

Position of collecting and dressing stations.

731. When an action is anticipated, the Principal Medical Officer of the division will, under instructions from the General or other Officer Commanding, point out to the medical officer in command the positions chosen for collecting rendezvous, and for dressing stations; the former will usually be under shelter, but as near the fighting line as consistent with safety, and the latter if possible out of fire. Advantage will always be taken of a good water supply, or of buildings or other shelter near the scene of action.

Orders for

732. In the absence of orders from the General or

other Officer Commanding, the Principal Medical Officer of division will himself issue the necessary instructions to the bearer company. formation.

733. When no orders have been received from the General Officer Commanding, or from the Principal Medical Officer of division, the medical officer in command of the company will, on his own responsibility, organise the collecting and dressing station or stations, and take such measures as may be necessary for the relief and transport of the sick and wounded. Medical officer to take the initiative.

734. The medical officer will place the Collecting Station in charge of the sergeant-major, and with him a non-commissioned officer, having in his care the field companion and water-bottle, and a small reserve of bandages and first dressings to replenish the surgical haversacks of the stretcher bearers: the ambulances, or other sick carriage, of the 1st line will rendezvous at this point, drawn up with the horses' heads towards the dressing station; the collecting station will be indicated by a red cross flag. Collecting station.

735. The two sections of bearers with stretchers and haversacks will be paraded and sent out under one of the medical officers to succour and collect the wounded: they will bring the wounded to the collecting station, and place them in the ambulances or other sick carriage, returning at once to the scene of action and taking fresh stretchers with them if necessary; the stretcher parties will not pass in rear of the collecting station. Stretcher sections.

736. As the ambulances or other sick carriage are loaded with wounded, the sergeant-major will move them off towards the dressing station, each under charge of a non-commissioned officer or private of the Medical Staff Corps; they will deposit the wounded at the dressing station, and return at once to the collecting rendezvous. The full number of ambulances and proportion of sick carriage in the first line will always be maintained, and they will never go in rear of the dressing station during an action. Movements of ambulances of the first line.

737. At the Dressing Station will be assembled the medical officer in command, one of the surgeons, and the quartermaster, together with the necessary medical and surgical equipment, medical comforts, and water-carts. If no building is available the surgery tent will be pitched, beef tea and stimulants got ready, and every preparation made to succour the wounded as they come in. Additional medical officers and men may be temporarily lent from the field hospitals to the collecting and dressing stations to assist, should the pressure of work be great, or the distance from the hospitals considerable. Formation of dressing stations.

Movement of ambulances of the second line.

738. As the wounded are dressed they will be placed in the ambulances or other sick carriage of the 2nd line, taken to the field hospitals under the direction of the quartermaster, and attended by non-commissioned officers and men of the Medical Staff Corps. The ambulances of the second line may be supplemented by local carriage.

Transport personnel during an action.

739. The personnel of the Transport Corps attached to the company will also, during an action, afford every assistance in superintending the movements of the ambulances.

Bâtmen, baggage, &c., during an action.

740. The non-commissioned officer acting as quartermaster-sergeant Medical Staff Corps, with the company cooks, bâtmen, and baggage, will be placed a short distance in rear of the dressing station, and will have food ready prepared for the company at the close of the action.

Foregoing instructions to be varied.

741. The foregoing instructions must necessarily be varied to meet the exigencies of the locality and warfare in which the army is engaged, and according to the need of advancing the collecting and dressing stations on a forward, or of receding them on a retrograde movement of the troops; but the general principle will always be kept in view of having the collecting and dressing stations at no great distance apart, or even on occasion have them practically united so as to shorten the journeys of the ambulances of the first line, and bring the wounded within reach of surgical aid as speedily as possible.

Dressing stations, how distinguished.

742. The dressing stations will be distinguished during daytime by two red cross flags, and during the night by two red lanterns. Directing red cross flags will be placed between the collecting and dressing stations, and between the latter and the field hospitals to mark the road.

Stragglers.

743. During an action, the wounded straggling from the field will be attended to at the dressing stations and transferred to the rear with all possible speed.

Cases of badly wounded.

744. When practicable, men badly wounded will be carried to the dressing station, or even to one of the field hospitals, if in the vicinity, without removal from the stretchers.

Searching for wounded.

745. When all the wounded have been removed from the open, the woods and ditches in the neighbourhood will be methodically searched, so that there may be no likelihood of any wounded, or those only apparently dead, remaining uncared for. Lanterns for searching in the dark form part of the equipment of a bearer company.

"Tally" ticket.

746. When the necessary surgical treatment has been afforded at the dressing station, the medical officer will attach to the clothes of the wounded man a diagnosis *ticket* (specification "tally") if not already affixed when

dressed on the field, on which will be specified his regiment, number, rank, and name, with the nature of the injury, the treatment, and any precautions required as to transport; the man's name and wound will also be entered on the counterfoil of the tally book.

747. The arms, ammunition, and accoutrements of a wounded man will be picked up and carried with him to the dressing stations and field hospitals, and handed over to the quartermaster of the hospital into which he is received, who will pass them on in accordance with Section 5, Part I, of the Regulations for the Supply of Stores to an Army in the Field. **Arms, &c., of wounded taken to hospitals.**

L. 15 ?. 1882. **748.** Arms, ammunition, and accoutrements thus received by the Medical Department will not be taken on charge in the field hospital or bearer company ledgers (Army Books 239 and 248), but will be entered as laid down in Part 1, Section IV, of these Regulations, with the inventory of the man's effects in the pack store book (Army Book 182). Ammunition will be specially dealt with as ordered by the General Officer Commanding the lines of communication. **Not taken in charge on ledgers.**

749. Such pack-store inventories, as well as the articles enumerated, will be passed on with the man from hospital to hospital, and likewise when he is discharged to his corps, or to any place to which he may proceed, for final disposal; the inventories will be endorsed by each person receiving over the articles. **Passed on with the man.**

750. Care must be taken, before putting a wounded man's rifle into an ambulance, or using it as a splint, that if loaded the cartridge be withdrawn. **Precautions with loaded rifles.**

751. Officers and non-commissioned officers of a bearer company will be responsible that the private property of the dead and wounded is not misappropriated. A severe punishment will follow any such act of misappropriation. **Private property of dead and wounded.**

752. At the close of an action, and when the dressing stations have been evacuated, the bearer companies will rendezvous at the field hospitals unless otherwise ordered. **Rendezvous at close of an action.**

IX.—FIELD HOSPITALS.

753. Field Hospitals form the Second Line of medical assistance on active service. **Form second line.**

754. The detailed units of personnel and equipment of a field hospital are laid down in Appendices 43 and 53 of these Regulations. **Detailed units.**

755. *On the formation of a* field hospital at home, the **Formation.**

men will be assembled at Aldershot; the quartermaster attached will, on requisition (Army Form G 1015) approved and signed by the medical officer appointed in charge, draw the necessary stores and equipment at the Royal Arsenal, Woolwich.

Accounting Officer.

756. The medical officer in charge will be responsible for the equipment of the personnel, and Accounting Officer for the equipment and stores of the hospital in the same manner as laid down for bearer companies in paragraph 723 of these Regulations.

Report before embarkation.

757. The medical officer in charge will, before embarkation, satisfy himself and report to the Director-General that the hospital is complete in personnel and equipment in every particular.

Embarkation.

758. The personnel and material, and if possible the transport of a field hospital, will be embarked together in the same vessel, and sail with the division to which it is attached.

Transport.

759. The transport of a field hospital, whether wheeled or pack, will be furnished by the Commissariat and Transport Corps, and while attached to the hospital will be under the command of the medical officer in charge; it will not be taken away or used for any second purpose, unless under the authority of the General Officer Commanding the Army Corps.

Payment, &c.

760. The quartermaster, in addition to his other duties, will be responsible under the medical officer for such duties connected with payment, clothing, and equipment of the personnel of the hospital as may may be required (see paragraph 700).

Number for a Division and Army Corps.

761. The number of field hospitals for a division will be four: one attached to each brigade, and two in reserve, or for divisional corps troops if necessary; the number for an Army Corps fourteen, including two attached to the cavalry brigade and corps troops. They will all be fully equipped, and each supplied with transport so as to be independently moveable and available for any service as detached units.

Usually acting with brigades.

762. They will practically be associated with each brigade, but will not form an integral part thereof, and will be fully at the disposal of the divisional authorities who will detach or mass them together as necessity requires.

Follow bearer Cos. on line of march.

763. On the line of march they will follow the bearer companies, and the bearers of the companies will, at the request of the medical officer in charge afford every assistance in pitching the field hospital tents when a camp is formed.

764. They will each be equipped for 100 patients, or four to a tent, but the number in the tents may be increased or diminished in accordance with the requirements of the sick and wounded. Each for 100 patients.

765. They will be divisible into half-hospitals for 50 patients, but such division will not be made unless under exceptional circumstances, and on the express authority of the Principal Medical Officer of the division. Divisible into halves for 50 patients.

766. They will be non-dieted, and instead of the regular hospital diets the field rations issued will be cooked according to the necessities of individual cases, and supplemented by such extras and medical comforts as considered advisable by the medical officers, and as can be supplied by the Commissariat. To use the rations issued to the troops.

767. The quartermaster will be responsible that the Monthly Field Hospital Store Account (Army Form F 736), and the Equipment Ledger (Army Book 248), are correctly kept. Field Hospital Store Account and Ledger.

768. In accordance with Section XIV, Queen's Regulations and Orders for the Army, when sick are sent to a field hospital, the men will bring with them their ordinary field rations issued for the day; but should a man be sent without his ration the medical officer in charge will, if he consider necessary, draw a second ration for him for the day of admission. Sick to bring rations to hospital; second ration can be drawn.

769. When ordinary sick are sent to a field hospital their kits, arms, and accoutrements will accompany them, and on admission will at once be entered in detail in the pack store book (Army Book 182), of which both foil and counterfoil will be signed as correct by the men themselves. Kits to be sent with ordinary sick.

770. The medical officer in charge will be held personally responsible that the name of every man admitted into a field hospital is at once entered into the admission and discharge book (Army Book 27), and that no man is allowed to pass through the hospital towards the base whose name has not been so entered and every particular recorded. Every name to appear in admission and discharge book.

771. He will furnish the returns laid down in Part 7, Section VI, of these Regulations. Returns.

772. He will, when it is decided to send men towards the base, prepare from the admission and discharge book a Medical Certificate (Army Book 172) for each man individually, and also a Nominal Roll (Army Form I 1226) in duplicate of all the men proceeding, showing numbers, names, and corps, disease or wound, date of admission, and transfer; one copy of the roll along with the individual medical certificates will be given to the medical officer *proceeding in charge* of the sick party; and the Documents connected with men passing to the base.

duplicate copy of the roll will be sent to the Principal Medical Officer of the division, and retained by him as a record for reference.

Evacuation.

773. He will, under instructions from the Principal Medical Officer, send all sick and wounded to the hospitals along the lines of communication and the base as soon as practicable, only retaining under treatment cases that are likely to be fit for duty within a short period, or those which might suffer by removal.

Evacuation before an action.

774. Before an action the field hospitals will be cleared of any sick or wounded that can be removed to the rear, and every preparation made for the reception of wounded from the ambulances of the second line.

Field hospital left behind.

775. When a field hospital of a division cannot be moved on account of the number of sick and wounded, want of transport, or other circumstances, the hospital will cease to belong to the division, and will come under the Principal Medical Officer of the lines of communication, its place being taken by one of the field hospitals at general disposal, detailed for the purpose by the Surgeon-General of the Army Corps.

Selection of site for a field hospital.

776. In selecting a site for a field hospital before an action, due precautions will be taken that the position is as close as possible to the first line of assistance, and that there is a practicable road for the ambulances from the front, and a sufficient water supply in the vicinity. The hospital will be distinguished by a red cross flag during the day, and a red lantern at night.

Available buildings.

777. Advantage will be taken of any available and suitable buildings in towns and villages for the establishment of field hospitals.

Tents to be used for hospitals when buildings not available.

778. When there are no buildings available the hospital tents will be pitched, and the equipment, store, and water-carriage drawn up under the direction of the medical officer in charge.

Additional hospital tents.

779. When there is great pressure on the hospital accommodation in front, additional tents for hospital shelter will be obtained from regiments under authority of the General Officers Commanding the divisions.

Replenish panniers of corps and bearer companies.

780. The medical officer in charge will, on requisition, replenish from his reserve panniers the field medical and surgical panniers, field companions, and surgical haversacks held by medical officers attached to corps and bearer companies.

Obtain store and special appliances from advanced depôt.

781. He will keep his own equipped and reserve panniers replenished by requisition on the medical officer in charge of the advanced depôt of medical stores; and he will also, when necessary, under authority of the Principal Medical Officer, obtain from the depôt, on loan, a pair of the

"special surgical panniers," containing special instruments and appliances.

782. Field hospitals are not supplied with hospital clothing, but patients will use their own clothing and under-clothing, which can be washed if necessary; should clothing, under clothing, or necessaries be absolutely required they will be obtained for patients on requisition by the medical officer in charge on the depôts of clothing established under the General Officer Commanding the lines of communication. **Not supplied with hospital clothing.**

783. The washing of clothing and under-clothing of patients will, when absolutely necessary, be carried out by the washermen attached to the hospital; all washing materials, such as soap and soda, will be supplied on requisition by the Commissariat Department. **Washing in field hospitals.**

X.—ADVANCED DEPOT OF MEDICAL STORES.

784. An Advanced Depôt of Medical and Surgical Stores will be established under the Principal Medical Officer of the lines of communication as near to the field hospitals as possible, and will be moved forward as the troops advance. **Where established.**

785. It will be in charge of a medical officer, assisted by the following men of the Medical Staff Corps :— **Staff of depôt.**

(*a*) One sergeant compounder of medicines.
(*b*) One corporal as clerk.
(*c*) Two privates as packers and storemen.

The latter will, if possible, be carpenters accustomed to the use of tools, and will be supplied with a tool chest from the depôt of medical stores at the base.

786. The medical officer in charge will procure, by requisition from the depôt of medical stores at the base, a sufficient supply of medical and surgical material for the field hospitals, bearer companies, and medical equipment belonging to corps in the front, and will arrange with the Transport Department on the lines of communication for forwarding these supplies. **Obtain supplies from base depôt of stores.**

787. He will also have in charge, fully fitted, the following :— **Fitted panniers, &c., in reserve.**

Nos. 1 and 2 "reserve" medical and surgical panniers, 6 pairs (Appendix 39).
Nos. 1 and 2 "special surgical" panniers, 4 pairs (Appendix 40).
Field medical companions, with water-bottles, 12 (Appendix 34).
Surgical haversacks and water-bottles, 24 (Appendix 35).
Surgical bags for cavalry, 6 (Appendix 35).
Field fracture boxes, 6 (Appendix, 33).

Packed in handy boxes.

795. The medicines and materials supplied to the advanced depôt will be packed in handy packages, and the medical officer in charge will avoid having any undue amount or accumulation of stores which would hamper a forward movement with the army.

Reports vouchers.

796. He will preserve and file as vouchers copies of all indents for stores on the base, and all requisitions for supplies from the front.

Books to be kept.

797. The only book he will be required to keep up is the Register of Medical Stores (Army Book 168), a copy of which he will obtain from the depôt of medical stores at the base, as well as a guard book, and a supply of forms and stationery.

XI.—HOSPITALS ON THE LINES OF COMMUNICATION.

Units of personnel and equipment.

798. The units of the personnel and equipment of a Hospital on the Lines of Communication, and forming the third line of medical assistance in the field, are laid down in Appendices 43, 44, and 54 of these Regulations.

Supplied with a modified equipment.

799. These hospitals, although termed "Stationary," will be equipped with a view to their being readily moved when necessary, and will therefore not be supplied either with equipment or stores, on the scale of station hospitals.

Accounting officer.

800. The medical officer in charge will be responsible for the equipment of the personnel, and Accounting Officer for the equipment, supplies, and stores of the hospital in the same manner as laid down in paragraph 723 of these Regulations.

Under orders on lines of communication.

794. They will be established under the General Officer Commanding and the Principal Medical Officer of the lines of communication, who will decide on the places where they may be opened.

Dieting of these hospitals.

795. They will be dieted if possible; but the Principal Medical Officer, with the approval of the General Officer Commanding, will, in accordance with paragraph 63, Allowance Regulations (as amended by Clause 166, Army Circulars, 1884), and paragraphs 863 and 864 of these Regulations, decide, according to the supplies obtainable, whether hospital diets on the authorised scale or on a modified scale may be issued.

Wagon Transport.

796. They will not be supplied with special wagon transport.

Number for an Army Corps.

797. The number of these hospitals for an Army Corps is laid down at eight, but the actual number required will entirely depend on the length of the lines of communi-

cation, and other circumstances of the campaign, and be determined as necessity arises.

Returns to be rendered.

798. The medical officers in charge of these hospitals will render the returns laid down in Part 7, Section VI, of these Regulations.

Choosing of sites.

799. In choosing sites for stationary hospitals, due attention will be paid to the character and elevation of the country, the nature of the soil, the proximity and purity of the water supply, the practicability of drainage, the shelter afforded by wood or high land from cold winds; care will be taken that the position is easy of access and at a convenient distance from the main road, or other line of communication, and, as far as circumstances will admit, in accordance with the sanitary instructions contained in Part 6 of these Regulations.

Buildings or huts for hospitals.

800. If possible these hospitals will be established in buildings or wooden huts at any port of embarkation, and in towns, villages, or farmhouses along the lines of communication. Hospital marquees will be stored at the base of operations, and issued for stationary hospitals when other shelter is not available.

Marquees.

Hospital and provision stations, position of.

801. Stationary hospitals will, if possible, be formed near existing lines of railway and roads, and both hospitals and provision stations will be placed at regular and convenient intervals, so as to suit the position of the forces and the circumstances of the wounded.

Hospitals for officers.

802. In every stationary hospital separate accommodation will, be provided for the reception and treatment of sick and wounded officers.

Sick transport on lines of communication.

803. Commencing at the field hospitals in front, all necessary sick transport along the lines of communication will be provided by the General Officer Commanding, and the Principal Medical Officer or his deputy will indicate the quantity and kind required.

Medical succour the road.

804. When parties of sick and wounded are about to be sent from the field hospitals, the Surgeon-General of the Army Corps will warn the Principal Medical Officer on the lines of communication, who will make provision for medical inspection, attendance, and supplies on the road.

Non-commissioned officer to take charge of kits.

805. With each party of sick and wounded proceeding along the lines of communication, there will be a non-commissioned officer of the Medical Staff Corps, who will take charge of the pack store lists, kits, arms, and accoutrements of the men, and who will sign the counterfoils of the pack store book in the hospital, and endorse the lists themselves as laid down in paragraph 749 on taking them over in his charge.

Men admitted to hospitals on the lines of communication.

806. When a man proceeding towards the base is admitted into a hospital on the lines of communication, the medical officer in charge of the convoy will hand over to the medical officer in charge of the hospital the medical certificate (Army Book 172), and the pack store list, kit, arms, and accoutrements belonging to him, to the quartermaster of the hospital, and the man's disposal will be marked on the nominal roll (Army Form I 1226).

System carried on throughout.

807. The same system as here laid down as regards the disposal of rolls, certificates, kits, &c., will be carried out when parties of sick start from hospitals along the lines of communication and proceed towards the base.

Preservation of nominal rolls.

808. On the arrival of parties of sick and wounded at the base, the remaining medical certificates and the nominal rolls will be handed to the Principal Medical Officer there; the rolls will be carefully preserved, so that men may afterwards, if necessary, be traced; the kits of sick and wounded will go with them to hospital at the base, but arms, ammunition, and accoutrements will be handed over to the Officer Commanding the military depôt.

Discharge of men to depôt.

809. Men not requiring admission to hospital on arrival at the base will be at once discharged to the military depôt there.

Death of man on road.

810. When a man dies on the journey to the base his effects will be taken on, and handed over with the pack store list to the Officer Commanding the military depôt at the base.

Washing in stationary hospitals.

811. Washing in stationary hospitals on the lines of communication will be performed by the washermen attached, and the Commissariat Department will provide the necessary washing materials on requisition.

XII.—GENERAL HOSPITAL AT BASE WITH MILITARY DEPOT ATTACHED.

Organised at or near base.

812. A General Hospital, organised in accordance with Part 2, Section II, of these Regulations, will be opened at or near the Base of operations in war; with a Military Depôt attached, agreeably to Section XIV, Queen's Regulations and Orders for the Army.

Personnel.

813. The personnel for a general hospital of 500 beds is laid down in Appendix 55 of these Regulations.

May be a hospital ship.

814. When it is inexpedient to form a general hospital on the sea board, its place may be taken by a hospital ship.

Same in war and peace.

815. General hospitals in war will be organised and administered in a similar manner to such hospitals in *peace*. (Vide Part 2, Section II, of these Regulations.)

816. In all general hospitals separate accommodation for the reception and treatment of sick and wounded officers will be provided. Hospital for officers.

817. The returns laid down in Part 7, Section VI, of these Regulations will be furnished. Returns.

XIII. DEPOT OF MEDICAL AND SURGICAL STORES AT BASE.

818. A Depôt of Medical and Surgical Stores will be established at the Base of operations of an army in the field, for the supply of medicines and surgical appliances to all hospitals connected with the force, and also to hospital, troop, and transport ships. Depôt for supply of hospitals and ships.

819. The staff of the depôt is shown in Appendix 50, forming part of the general staff of the Principal Medical Officer at the base. Staff.

820. The medical officer in charge of the depôt will be responsible that the stores in his charge are carefully preserved from the weather, and so arranged that supplies of all kinds can be readily sent to the front on the shortest notice. Medical officer in charge responsible.

821. He will obtain fresh supplies by requisition on the Director-General Medical Staff, and all such stores will be packed in handy cases at home so that repacking at the depôt may be reduced to a minimum. Fresh supplies and packing.

822. The stores will be conducted according to instructions laid down in Part 4, Section III, of these Regulations. Conduct of stores.

SECTION X.—HOSPITAL SHIPS.

Relative responsibility of Admiralty and War Office.

823. The relative responsibility of the Admiralty and War Office, with regard to Hospital Ships for an Army, will be as follows :—

Admiralty.

824. The Admiralty will undertake the lodging, victualling, and conveyance of the sick, and for that purpose will provide cooks, and the necessary shipping, fittings, bedding, food, medical comforts, disinfectants, washing and mess utensils of every kind.

War Office.

825. The War Office will undertake to furnish the medical and other attendance necessary for the proper treatment and nursing of the sick, and will supply all articles of personal and hospital clothing, medical and surgical appliances, and hospital utensils.

How fitted out.

826. The vessels will be fitted out under the superintendence of representatives, nominated by the Admiralty and the War Office. Special accommodation will be provided for the reception and treatment of sick and wounded officers.

Scales of hospital equipment and clothing.

827. The scale of hospital equipment for a hospital ship of 200 beds is laid down in Appendix 45 of these Regulations ; andthe scale of hospital clothing in Part 2, Section II, of the Clothing Regulations.

Accounting Officer.

828. The Medical Officer in charge will be responsible to the Principal Medical Officer at the base for the clothing and equipment of the men of the Medical Staff Corps on board, and Accounting Officer for the hospital equipment placed on board by the War Department (see paragraph 723).

Special fittings.

829. Special fittings, such as ice-making machines, refrigerating chambers, &c., will be determined on according to the nature of the service on which the ships are to be employed.

Dispensaries and medical stores.

830. Dispensaries will be fitted up on board, or medicine chests or other medical stores supplied as may be determined on by the Director-General Medical Staff.

Medical Staff on board.

831. The Director-General will detail the Medical Staff, non-commissioned officers and men of the Medical Staff Corps, nursing sisters, and others connected with the management of the sick (see Appendix No. 56).

Floating hospital

832. Floating hospital accommodation, whether station-

ary or for transport purposes, will be separate and exclusive of the hospital accommodation for the force on land. accommodation.

833. The following, when considered necessary, will be the floating hospital accommodation for an Army Corps. Each division of an Army Corps will have a Depôt Hospital Ship (with steam power) capable of making up 200 beds, or 250 on an emergency. Depôt hospital ships.

834. There will be one or more fast steam vessels, each making up 60 beds, which will be employed as Relieving Ships for the depôt hospital ships to take the worst cases to England or elsewhere. Despatch Vessels, each fitted out with about 30 canvas cots, will carry less severe cases to any available packet station to meet the mail packets on their way to England, with which special arrangements will be made for carrying a small number of invalids in each. Relieving ship, and mail packets.

835. Each depôt hospital ship will have a small steam transport attached as a Store Ship. Small steam transports as store ships.

836. Each depôt hospital ship will be supplied with 400 canvas cots in addition to the cots required for use on board. These will be fitted into transports remaining at the base of operations when additional hospital accommodation is required. Canvas cots for additional hospital accommodation in transports.

837. The dieting of patients, whether officers or men on board depôt hospital ships and their relieving vessels will be conducted in the same way as in station hospitals, and the same army forms will be used. Daily requisitions for articles of diet and medical comforts will be made on the paymaster, or, if it be a hired ship, on the master of the vessel. Dieting on board depôt hospital ships and relieving vessels.

838. A statement of provisions received, issued, and remaining will be completed on Army Form F 738, at the end of each month, and forwarded to the Director-General for transmission to the Surveyor-General of the Ordnance, War Office, London. Statement of provision.

839. Hired transports taken up during time of war will, as regards medical arrangements, be dealt with in accordance with Section XVII, Queen's Regulations and Orders for the Army, and Part 1, Section III, of these Regulations. Arrangements in hired transports.

840. Every transport ship will accommodate temporarily in its sick bay three per cent. of the entire force that it carries, but transports remaining at the base of operations can on an emergency be fitted for the temporary reception of additional sick and wounded officers and men. Sick accommodation on transport ships.

841. Medical officers in charge will furnish the returns laid *down in Part 7, Section VI*, of these Regulations. Returns.

PART 3.—REGULATIONS AS TO HOSPITAL DIETS.

Importance of dietetic management of the sick.

842. The dietetic management of the sick being of the utmost importance in the treatment of disease, medical officers will give particular attention to the selecting of diets and extras suitable both in kind and quantity for the treatment of individual cases, in general accordance with the instructions contained in Appendix 2 of these Regulations; and they will be guided by the following rules:—

Diet table.

843. The dietary, as set forth in the diet table (Appendix 4, (Army Form I 1203), will be used in all dieted hospitals in accordance with paragraph 55, Allowance Regulations.

Copy hung in each ward.

844. A copy of the diet table will be hung up in a conspicuous place in every ward of a hospital.

Articles for hospital use only.

845. All articles of dietary issued for hospital purposes are exclusively for the use of the sick. They will not, at any time or under any circumstances, be applied to any other purpose, or used in any place not actually connected with or set apart for the treatment of the sick.

846. The following extracts are reprinted from Section I, Issue of Army Allowances (Army Regulations, Vol. I, Part III):—

Extras.

"The following extras are authorised and may be given on all diets except 'entire' and 'varied,' but only when necessary for the treatment of the case, viz.: eggs, milk, tea, beef-tea, arrowroot, sago, oatmeal, rice-pudding, sago-pudding, and the customary fruits in season. The following are also authorised on all diets, including 'entire' and 'varied,' when deemed requisite: wines, spirits, malt liquors, and diet drinks, viz.: barley-water, rice-water, gruel, and lemonade, made and charged according to the following proportions:—

Liquids.

"Barley-water: barley, 2 oz., sugar, 2 oz. } for every 5
"Rice-water: rice, 2 oz., sugar, 2 oz. } pints of each.
"Lemonade: two large lemons, and $1\frac{1}{2}$ oz. sugar to 2 pints.
"*Gruel*: oatmeal, 2 oz. and $1\frac{1}{2}$ oz. sugar to 2 pints.

"When rice or sago-puddings are ordered, they will be made with the following ingredients :— Puddings.

Rice Pudding.		Sago Pudding.	
"Rice	2 oz.	Sago	$1\frac{1}{2}$ oz.
"Milk	$\frac{3}{4}$ pint.	Milk	$\frac{3}{4}$ pint.
"Sugar	$\frac{1}{2}$ oz.	Sugar	$\frac{1}{2}$ oz.
"Egg	1.	Egg	1
"Flavoured with cinnamon or lemon.		Flavoured with cinnamon.	

"Cinnamon, $\frac{1}{2}$ oz., may be used for 15 puddings and one lemon to 12 puddings.

"Oatmeal, arrowroot, and sago, when ordered, are not to exceed the following proportions :— Oatmeal, arrowroot, sago.

"Oatmeal	4 oz., with milk	8 oz.
"Arrowroot	2 „ „ sugar	1 „
"Sago	2 „ „ „	1 „

"For beef tea the following may be used :— Beef tea.

"$10\frac{2}{3}$ oz. meat without bone
"or $13\frac{1}{3}$ „ meat with bone
"or $\frac{1}{2}$ „ extractum carnis
"or 4 „ essence of beef
} for 1 point beef tea.

"When beef tea is given as an extra, $\frac{1}{4}$ oz. of salt for each pint, and 2 ozs. of pepper, for each 100 pints may be used.

"Milk, wines, and spirits are to be calculated at 20 oz. the imperial pint. The reputed quart bottle should contain $5\frac{1}{3}$ gills or $26\frac{2}{3}$ oz. Measures of milk, wine and spirits.

"Wines include sherry, port, claret.

"Malt liquor includes porter and ale.

"Spirits include brandy, whisky, and gin.

"Under very special circumstances, soda water, bottled lemonade, and calf's-feet jelly may be given, when the issue is approved by the Principal or Senior Medical Officer. Special extras.

"Eight ounces of white fish, with 2 oz. of butter, may be ordered on 'milk,' 'low,' and 'half' diets. White fish.

"Eight ounces of potatoes, or 4 oz. of vegetables, will be admissible as an extra on 'low' diet, when it is found necessary to keep a patient on this diet for any lengthened period, or when there is a tendency to a scorbutic taint." Extra potatoes.

847. The beef and mutton for the various diets, as also the fowls, are to be of good quality, and must weigh in the raw *state exclusive of bone*, the weight specified in the Beef, mutton, and chicken.

diet table ; one-fourth more will be considered an equivalent when meat is issued with bone.

Chicken broth.

848. When the chicken of chicken diet is ordered to be made into broth, a *bonâ fide* chicken and not a fowl will be supplied for the purpose.

Bread.

849. The bread is to be of the best household kind.

Meat on low diet.

850. The meat on low diet is to be used for beef-tea so as to make three-quarters of a pint of good beef-tea for each patient on such diet.

Meat on half and entire diets.

851. The meat on half and entire diets, is to be boiled with the vegetables, barley and flour ; and a ¼-oz. of sugar, for each soup diet, may be charged in addition to the allowance on the scale. The meat on entire diets is to be roasted, baked, or stewed. For varied diets, mustard may also be issued in the proportion of 1 oz. for every 20 beef diets ; pepper for seasoning will be allowed at the rate of 2 oz. for every 100 diets of all kinds excepting tea and milk.

Vegetables.

852. In the diets, when no soup is given, the vegetables are to be cooked in bulk, and served up to each patient in the proportions specified.

Substitutes for fresh vegetables, &c.

853. In accordance with paragraph 62, Allowance Regulations, the following rates will be allowed for substitutes :—

"2 oz. lime juice = 1 lemon
"3 „ rice, or
"3 „ flour, or } = 16 oz. potatoes.
"8 „ bread.
"1 „ preserved potatoes = 5 oz. fresh potatoes.
"1 „ „ vegetables = 10 oz. fresh vegetables.
"½ „ coffee = ⅙ oz. tea."

The substitutes will be issued when the other articles cannot be procured, or are not of sufficiently good quality.

Extras for patients not on diet.

854. When men, on admission to hospital, require nourishment before they are placed on regular diet, medical officers may order, in accordance with paragraph 65, Allowance Regulations, what is necessary from the following extras, which will be entered on the diet sheets for the day of issue :—"Bread, butter, tea, sugar, eggs, extractum carnis or essence of beef, arrowroot, milk, wines, and spirits." On the departure of invalids who are not on diet a similar course may be adopted, but in all such cases the extras will be entered on the diet sheet. Cl. A.C

Entry of diets and extras on diet sheets.

855. All diets, extras, or drinks, will be entered on the Diet Sheet (Army Form I 1202) previous to their being issued. The sheet will be filled up daily by the prescribing medical officer, ordinary diets for the day following,

extras and drinks for the day of issue. The first entry of each man's diet will be written in words, and subsequent entries of the same diet will be indicated by the initial letter of the diet, which will be marked in the proper column from day to day by the prescribing medical officer, who will at the same time obliterate the columns in which no entries have been made, by drawing a line through each unoccupied space; the quantities of extras will be in writing, not in figures; every erasure or alteration will be initialed. The date of discharge will invariably be filled in by the prescribing medical officer, who will also sign the sheet when completed, and the columns at the foot totalled up. The diet sheet will be hung up at the head of the patient's bed.

Economy in extras.

856. Medical officers must bear in mind that, although no specific instructions can be laid down in regulations as to the character of cases needing extras, all necessary economy, compatible with the well-being of the patient, should be practised, in order that an undue or injudicious issue of extras may be avoided.

Record and reasons for giving extras.

857. Every case in which "extras" (except "diet drinks") have been prescribed will be entered by the prescribing medical officer in the Medical Case Book (Army Book 187), together with the daily amount of extras and the reasons for giving the same, so that the Principal Medical Officer may be enabled to satisfy himself as to the necessity of the issue.

Responsibility of officers ordering.

858. Prescribing medical officers will be held directly responsible to the Principal Medical Officer for all entries on their diet sheets, and if called upon will have to justify the necessity for the issue of all articles ordered by them.

Principal Medical Officer will supervise nature of diets and extras.

859. The Principal Medical Officer will supervise the nature and quantities of diets and extras, as ordered for individual cases. It will be his duty to call for explanation on Army Form I 1204, of any seeming excessive or inappropriate issue, to check irregularities, or any apparent waste or extravagance, and to report the same, with his opinion thereon, to the Director-General for such action as may be necessary.

Deviations from dietary

860. It is only in cases of unusual severity or complication that any deviation from the authorized dietary can be permitted, and the histories of such cases will be submitted at their termination to the Director-General, in transcript from the Case Book showing the necessity for the course adopted.

Inspection of diets and extras.

861. Medical officers in charge of wards will frequently inspect the various articles composing the diets and extras

after they are served up, and will at once report to the medical officer in charge any defects in cooking, quantity or quality.

Field hospitals to be non-dieted.

862. Field Hospitals will be non-dieted; the field ration will be drawn direct from the Commissariat Department, and cooked, and distributed to the patients according to the requirements of the different cases, and will be supplemented by such medical comforts as may be necessary; the quantities of the latter issued to each case will be entered on the diet sheet (see paragraph 766).

Scale of diets during war

863. In accordance with paragraph 63, Allowance Regulations, as amended by Clause 166, Army Circulars, 1884.

"On active service in General Hospitals at the Base, and Stationary Hospitals on the Lines of Communication, the scale of diets laid down in the diet table" (Appendix 4) "will be followed as far as practicable, and any deviations found necessary on account of the position, climate, and supplies obtainable will be sanctioned by the General Officer Commanding, on the advice of the Principal Medical Officer. If a special hospital for officers is formed on active service the scale of issues will be such as from time to time may be ordered by the Secretary of State, or by the General Officer Commanding in anticipation of his authority" (see paragraph 795).

Authorized scale.

864. Should it be impossible during active service to adhere to the scale of diets, low and entire will be considered as the authorized diets.

Regulations for drawing diets and medical comforts.

865. In all hospitals, perishable articles of diet or medical comforts will be drawn daily by requisitions on the Commissariat Department, or their agents or contractors. Articles not perishable will be drawn in quantities calculated to last a week or longer, according to circumstances.

Requisitions and receipts.

866. The requisitions for all such supplies, which will be signed by the steward on the back, will also form the receipts.

PART 4.—SUPPLY OF SURGICAL INSTRUMENTS, APPLIANCES, AND MATERIALS, AND OF MEDICINES AND MEDICAL MATERIALS.

I.—Instruments, Surgical Appliances, and Materials.
II.—Medicines and Medical Materials.
III.—General Medical Stores.

SECTION I.—INSTRUMENTS, APPLIANCES, AND MATERIALS.

Pocket instrument

867. All executive medical officers will provide themselves with, and keep up at their own expense, a Case of Pocket Instruments of the authorised pattern, containing the articles specified in Appendix No. 18: it will be carried in the authorised regulation shoulder pouch.

District equipment of surgical instrument &c.

868. At the Headquarters of each District, an Equipment of surgical instruments, appliances, and materials, consisting of the articles specified in the following list, will be provided for use throughout the district:—

Air beds, Air pillows, Air bellows — three boxes — each containing 1 air bed, 2 cushions (round and square), 2 bellows.
Aspirator, with 6 needles.
Bandage for bloodless operations (2 tourniquets, 7 yards elastic bandage).
Bistouries, No. 6, case of.
Bougies, rectum, set of (12).
" olivary, set of (12).
Carbolized and chromisized cat-gut for ligatures.
Catheters, silver (6) and nickel (6), with bladder trocar, case of.
Capital instruments, full set of (Appendix 20).
Chemical cabinet (Appendix 37).
Compressors, aneurismal, No. 2.
Crutches with stuffed heads, 4 pairs.

Cupping instruments (Appendix 30).
Eye instruments (Appendix 28).
Eye douches, No. 3.
Electric battery, No. 1.
Electro-magnetic machines, No. 2.
Ether inhaler (Ormsby).
Ecrasseur.
Field companions, with water-bottle (4).
Fracture and dislocation apparatus, 2 boxes (Appendix 32).
Fractured patella apparatus
Fractured jaw apparatus.
Forceps polypus.
Fistula director.
Haversacks, surgical (6) (Appendix 35).
Hæmorrhoidal clamp, with three buttons.
Ice bags, set 1 (head and spine).
Irrigators, sets 2.
Microscope (Appendix 22).
Midwifery instruments, bag of (Appendix 27).
Ophthalmoscope and laryngoscope, in case.
Spray producer.
Sounds, case of (12).
Spectacles, case of.
Speculum auris (Brunton's) (3 speculæ and Wilde's speculum).
Speculum recti.
Tonsil guillotine.
Tourniquet abdominal.
Tooth stopping and scaling instruments (Appendix 24).
Trocar and tubes for anasarca (Southey's).
Urethra dilator (Holt's).
Urinometer apparatus, large (Appendix 31).
Varicocele rings and needles.
Water beds, No. 2.
Water pillows, No. 2.

District Quartermaster to have charge, and issue on loan.

869. These instruments and appliances will be placed by the Principal Medical Officer in charge of the district quartermaster, who will be responsible for their safe custody and good condition. They will be issued on loan to medical officers in charge of hospitals within the District on requisition on the Principal Medical Officer, and will be returned when no longer required. When received back from loan, a medical officer and the district quartermaster will at once examine them, and report on their condition to the Principal Medical Officer.

Returns of *equipment*

870. Principal Medical Officers of home districts will for-

ward half-yearly, and of foreign commands annually, a list of these instruments and appliances to the Director-General; stating the condition of each article, and if unserviceable whether from fair wear and tear or otherwise. In case of losses they will state on whom the responsibility falls, and what steps have been taken to recover the value. They will at once take steps to replace all articles which have been lost or become unserviceable. from Principal Medical Officers.

871. At each Station Hospital an Equipment of surgical instruments, appliances, and materials consisting of the articles specified in the following list will be provided. Station hospitals equipment of surgical instruments and materials.

Article.	No. 1. 1000 Troops.	No. 2. 500 Troops.	No. 3. 250 Troops and under.	
Arm sling	...	1	1	
Bolus knives	3	2	1	
Brushes, glass	2	...	...	
Corkscrew	1	1	1	
Caustic holder	1	1	1	
Catheters, elastic gum, set ...	1	½	½	
Eye shades	6	2	2	
Eye baths	3	1	1	
Eye syringe	1	1	1	
Field fracture box	...	1	1	(Appendix 33).
Fracture and dislocation apparatus (box of)	1	...	...	(Appendix 32).
Filter	1	1	1	
Hone and strop	one of each.	...	...	
Irrigator	1	1	...	
Measuring tape	1	1	1	
Operating table	1	...	...	
Pill machine	1	1	1	
Pins, safety	one packet.	one packet.	one packet.	
Pins, suture	12	6	6	
Post-mortem instruments ...	1	1	1	(Appendix 23).
Pus basins	4	3	1	
Rods, glass	1	1	1	
Scales and weights, pillar ...	1	1	1	
Scissors, counter	1	1	1	
Screwdriver	1	1	1	
Spatulas, spreading	1	1	1	
Spatulas, pot	2	1	1	
Stethoscopes	2	1	1	
Stomach pump...	1	1	1	(Appendix 29).
Surgeon's case of instruments	1	1	1	(Appendix 19).
Thermometers, bath	1	1	1	
" clinical ...	1	1	...	
Tooth instruments	1	1	1	(Appendix 25).
Urinometer apparatus ...	1	1	1	
Vapour bath and cloak ...	1	1	...	

872. The medical officer in charge of the hospital will be responsible for the safe custody and condition of the foregoing equipment, and requisitions for all repairs, com- Charge of equipment.

pletions, and replacements will be included, as far as practicable, in the half-yearly demands.

Where kept.

873. The instruments will be kept in the surgery under lock and key; and all other articles, either in the surgery or store.

Returns of equipment from medical officers.

874. These instruments, appliances, and materials will be accounted for half-yearly on Army Form I 1214.

Scale of surgical materials for 1000 troops.

875. The following scale of surgical materials, &c., is calculated for the use of a force consisting of 1,000 troops (inclusive of women and children) for a period of six months. Requisitions in duplicate, on Army Form I 1219, put forward for a greater or smaller number of troops, will be made in proportion as nearly as practicable, viz.: for 750, three-quarters; for 500, one-half; and for 250, one-quarter of this scale. But, as the scale is only for guidance in submitting first requisitions on opening a hospital, it is to be clearly understood that no subsequent demands are to be put forward beyond those required to replace articles actually and necessarily expended.

Syringes, urethra, pewter	No.	6
„ „ glass	„	12
Surgeon's sponges	„	12
Bandages, calico	„	30
„ flannel	„	8
„ 18-tailed	„	4
„ suspensory	„	12
„ triangular	„	6
Flannel for fomentations	yds.	6
Gutta-percha tissue	„	4
Oiled silk	„	1
Spongio piline	„	1
Camel-hair pencils	No.	12
Cotton wool	lbs.	2
Tape	piece	1
Thread for ligatures	oz.	2
Needles, common	paper	1
Test tubes	set	1
„ paper	books	4
Glass brushes	No.	2
„ rods	„	2
Eye shades	„	6
Safety pins	packets	2

Instruments unserviceable or deficient.

876. When any instrument or surgical appliance becomes unserviceable or deficient, a requisition in duplicate on Army Form I 1219, together with a report of the circumstances under which the damage or deficiency occurred,

will be transmitted to the Principal Medical Officer, who, if at any home station (except in Ireland), will, through the Director-General, take immediate steps for its replacement or repair. In Ireland, and at foreign stations, the Principal Medical Officer will arrange for replacing all damages and deficiencies, reporting the steps taken in regard thereto, to the Director-General.

877. When a medical officer is removed from a charge he will transfer all surgical instruments and appliances belonging to the hospital, to the medical officer relieving him, as laid down in paragraph 490 of these Regulations. The condition of each article of surgical equipment will be stated in the transfer return (Army Form I, 1214), or the medical officer taking over charge will be held responsible for any deficiencies afterwards reported. Transfer returns.

878. At foreign stations, medical officers may procure instruments at the prices paid for them by the public from the public stores, to replace those of their regulation pocket-case (Appendix 18) which may be lost or become damaged, provided the articles required are on charge at charge at the station. Instruments in pocket case.

879. Steel trusses, when considered necessary for non-commissioned officers and men, will be applied for by requisition in duplicate on Army Form I 1222. At home stations (with the exception of Ireland), the requisitions will be forwarded through the Principal Medical Officer of the district to the Director-General, and at foreign stations and in Ireland to the Principal Medical Officer for supply. Steel trusses, requisition for.

880. Each truss supplied will be expected to last at least three years, but if, from any unforeseen cause, it should require renewal within a less period, full explanation of the circumstances under which it has become inefficient will invariably accompany the requisition. Trusses to last three years.

881. In those station hospitals where trusses are authorised to be supplied, a nominal list of the issues made will be appended to the periodical returns of medicines and instruments forwarded to the Director-General. Nominal lists of issues of trusses.

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882. Trusses may, at the discretion of the Director-General at home, and of Principal Medical Officers abroad, be supplied to the wives and children of corporals and privates at the public expense; and from Army Medical Stores or contractors, on payment at contract rates to the wives and children of non-commissioned officers above the rank of corporal. Issue to wives and children.

883. *Commissioned officers* of the army and persons Purchase of trusses by

officers and departmental employés.

employed under Government at foreign stations will, subject to the approval of the Officer Commanding and the Principal Medical Officer, be allowed to purchase from the public stores such steel trusses as may be required for their personal use, at the prices paid by the Government. The proceeds of these sales will be immediately paid in to the district paymaster and duly reported by the Principal Medical Officer for the information of the Director-General, and all such sales will be entered in the annual returns rendered to the Medical Department, supported by the usual vouchers.

Supply to troopships, &c.

884. The supply of instruments and appliances for medical officers doing duty with troops and for troopships is detailed in Part 1, Section III, of these Regulations.

SECTION II.—MEDICINES AND MEDICAL MATERIALS.

885. The following scale of medicines and medical materials is calculated for the use of a force consisting of 1,000 troops (inclusive of women and children) for a period of six months. Requisitions put forward for a greater or smaller number of troops will be made in proportion as nearly as practicable, viz.: for 750, three-quarters; for 500, one-half; and for 250, one-quarter of this scale. But as the scale is only for guidance in submitting first requisitions on opening a hospital, it is to be clearly understood that no subsequent demands are to be put forward beyond those required to replace articles actually and necessarily expended. Scale of proportions.

	lbs.	oz.
Acacia	2	0
Acaciæ Pulvis	2	0
Acid, Acetic....	4	0
„ „ Glaciale	0	2
„ Boracic	0	8
„ Carbolic	3	0
„ Citric	1	8
„ Gallic	0	4
„ Hydrochlor	1	8
„ Hydrocyan. dil.	0	2
„ Nitric	1	8
„ Phosporic dil.	1	0
„ Sulphuric	2	0
„ Sulphurosum....	1	0
„ Tannic	0	8
„ Tartaric	3	0
Adeps Benzoat	3	0
Æther	0	12
Alumen	3	0
Ammonii Bromid.	0	4
Ammonii Chlorid.	2	0
Ammoniæ Carb.	2	0
Amylum	3	0

	lbs.	oz.
Antim. Tartarat	0	6
Aqua Destillata	½ gall.	
Aqua Rosæ	2	0
Argent. Nitras	0	4
Atropia	10 grs.	
Bismuth. Subnit.	0	4
Borax	2	0
Buchu Folia	0	8
Calumb. Radix	1	0
Camphora	1	8
Capsici Pulv.	0	2
Carbo Ligni Pulvis	8	0
Cera Alba	0	2
Chirata	1	0
Chloral Hydras	1	0
Chloroform	0	8
„ Methyl	0	12
Chlorodyne	0	4
Cinchon. Flavæ Cortex	2	0
Collodium	0	4
Condy's Disinfectant	4 pints.	
Conf. Rosæ Gall.	0	4
„ Sennæ	1	0
Copaiba	6	0
Creasotum	0	3
Creta Præparata	2	0
Cubebæ Pulvis	6	0
Cupri Sulphas	0	8
Dec. Alöes Comp.	2	0
Elaterium	20 grs	
Emplast. Belladon.	1	0
„ Calefaciens	2	0
„ Cantharid.	4	0
„ Hydrarg.	1	0
„ Opii	1	0
„ Resinæ	1	0
„ Saponis	1	0
Extract. Alöes	0	2
„ Belladon	0	4
„ Colch. Acet.	0	1
„ Coloc. Co.	1	0
„ Conii	0	4
„ Ergotæ Liq.	0	2
„ Filicis Liq.	0	4
„ Gentian	0	4
„ Hyoscyam.	0	8

	lbs.	oz.
Extract. Nucis Vomic.	0	0½
„ Opii	0	2
Taraxaci	1	0
Ferri et Ammon. Cit.	0	3
„ Quiniæ Cit.	0	12
„ Phosphas	0	4
„ Sulphas	0	8
Ferrum Tartaratum	0	6
Gallæ Pulvis	0	4
Gentiana	2	0
Glycerinum	3	0
Guaiaci Resina	0	8
Hydrarg. Ammoniatum	0	4
„ Iodid. Rub.	0	2
„ Oxid. Rub.	0	4
„ Perchlorid.	0	1
„ Subchlorid.	1	0
Hydrargyrum cum Creta	0	8
Inject. Morph. Hypoderm.	0	1
Iodoform	0	4
Iodum	0	2
Ipecacuanhæ Pulvis	1	0
Jalapæ Pulvis	1	0
Lini Farina....	2½ cwt.	
„ Semen	4	0
Liniment. Aconit.	0	4
„ Belladon.	0	8
„ Camphor. Co.	5	0
„ Iodi	0	8
„ Saponis	10	0
Liquor. Ammoniæ	2	0
„ „ Acet. Conc.	3	0
„ Arsenicalis	0	4
„ Calcis Sulph.	8	0
„ Donovani	0	8
„ Epispasticus	0	4
„ Ferri Pernit.	0	8
„ Opii Sed.	0	6
„ Plumbi Subacet.	2	0
„ Potassæ	4	0
„ Sodæ Chlor.	4	0
„ Styptic.	0	8
„ Zinci Chlor.	6 pints.	
Magnesiæ Carbonas	2	0
„ Sulphas	56	0
Manganes. Oxid. Nig.	3	0

	lbs.	oz.
Mel	2	0
Morphiæ Acetas	0	0½
„ Hydrochlor.	0	0½
Oleum Anisi....	0	0½
„ Cajuputi	0	8
„ Carui....	0	0½
„ Caryoph.	0	1
„ Cassiæ	0	0½
„ Crotonis	0	4
„ Lini	4	0
„ Menth. Pip.	0	2
„ Morrhuæ	36	0
„ Olivæ....	12	0
„ Ricini	28	0
„ Terebinth.	8	0
Opii Pulvis	0	2
Oxymel Scillæ	2	0
Papaver Cap....	2	0
Pareira	0	8
Pepsin	0	1
Pilul. Aloes et Myrrh	0	4
„ Assafœtid. Co.	0	2
„ Hydrarg.	1	0
„ „ Sub-Chlor. Co.	0	8
„ Phosphori	0	2
„ Rhei Comp.	0	8
„ Scillæ Comp.	0	4
Plumbi Acetas	2	0
Podophylli Resina	0	1
Potassii Bromidum	1	0
„ Iodidum	4	0
Potassa Caustica	0	1
„ Sulphurata....	2	0
Potassæ Acetas	2	0
„ Bicarbon	3	0
„ Chloras	2	0
„ Nitras	3	0
„ Permanganas	0	4
„ Tartras	1	0
„ „ Acida	4	0
Pulv. Antim. Jacobi	0	2
„ Cretæ Arom.	1	8
„ „ „ cum Opio	1	8
„ Ipecacuanhæ Comp.	1	0
„ Jalapæ Comp.	2	0
„ Kino Comp.	0	4

	lbs.	oz.
Pulv. Rhei Comp.	2	0
Quassia	2	0
Quiniæ Sulphas	0	8
Rhei Pulvis	0	8
Rosæ Gallicæ Petal	0	8
Santoninum	0	1
Sapo Durus	0	4
Scammonium	0	2
Senega	1	0
Senna	6	0
Sinapis	10	0
„ Charta	6 boxes.	
Soda Tartarata	6	0
Sodæ Bicarbonas	4	0
„ Carbonas	1	0
„ Salicylas	1	0
Spiritus Ætheris	1	8
„ „ Nitrosi	5	0
„ Ammon. Aromat.	3	0
„ Chloroformi	2	0
„ Rectificat.	1 pint.	
„ „ Methyl.	6 pints.	
Strychnia	30 grs.	
Sulphur	2	0
Syrup. Chloralis	1	0
„ Ferri Iodid.	2	0
„ „ Phosph.	1	0
„ Papaveris	1	0
„ Scillæ	5	0
„ Triplex	2	0
Tinctura Aconiti	0	8
„ Arnicæ	1	0
„ Assafœtid.	0	8
„ Aurant.	1	0
„ Belladon.	0	4
„ Benzoin. Co.	0	8
„ Calumbæ	1	0
„ Camphor. Comp.	9	0
„ Cantharid.	0	8
„ Capsici	0	8
„ Cardam. Comp.	3	0
„ Catechu	2	0
„ Cinchon. Comp.	3	0
„ Colch. Sem.	1	0
„ Digitalis	0	8
„ Ferri Perchlor	4	0

	lbs.	oz.
Tinctura Gentian Comp.	2	0
„ Guaiaci Ammon.	0	8
„ Hyoscyami	3	0
„ Iodi	2	0
„ Kino	0	8
„ Lavand Comp.	1	0
„ Lobeliæ Æther	0	4
„ Myrrhæ	1	0
„ Nucis Vomicæ	0	4
„ Opii	4	0
„ Rhei	2	0
„ Scillæ	4	0
„ Sennæ	3	0
„ Tolutana	1	0
„ Valerian. Ammon.	0	8
„ Zingiber	2	0
Unguent. Cetacei	16	0
„ Hydrarg.	2	0
„ „ Nitrat.	1	0
„ Resinæ	2	0
„ Sabinæ	1	0
„ Simplex	2	0
Vaseline	2	0
Veratria	30	grs.
Vinum Antimoniale	3	0
„ Colchic	0	8
„ Ferri	3	0
„ Ipecacuanhæ	5	0
„ Opii	0	8
Zinci Chloridum	0	2
„ Oxidum	0	8
„ Sulphas	2	0
„ Valerianas	0	2
Zingiber	0	8
„ Pulvis	1	0
Lint, fine	10	0
„ second	20	0
Surgeons' tow	60	0
Bleached linen sheeting	yards	2
Calico	„	3
Adhesive plaster, spread	„	20
Soap cerate plaster	„	7
Isinglass plaster on gauze	„	1½
Waterproof cloth	„	4
Poultice cloth	„	2
Straining cloth	„	1

		lbs-	oz.
Old linen sheets	....	No.	3
Skins of leather	....	„	2
Pins	....	papers	2
Filtering paper	....	quires	½
Pill boxes, chip	....	papers	4
„ paper	....	„	4
Vials, ½ oz.			
„ 1 „			
„ 2 „	....	gross	1
Bottles, 4 „			
„ 6 „			
„ 8 „			
Galipots, in sorts	....	dozen	2
Corks, Vial	....	gross	2
„ Pint	....	„	1
„ Quart....	....	„	¾
Packthread	....	oz.	6
Labels	....		1000

886. Supplies of medicines and medical materials will be drawn at home by half-yearly requisitions, in duplicate, on the 1st April and 1st October, on Army Form I 1213, accompanied by half-yearly returns on Army Form I 1214, verified by Boards of Survey. Mode of obtaining supplies of medicines at home.

887. These demands (except in Ireland) will be put forward to the Director-General by the medical officer in charge of each hospital, through the Principal Medical Officer of the district, who, before transmitting, will carefully examine them and satisfy himself that they are not in excess of the requirements of the service, and that the articles asked for are absolutely necessary for the service for which the demand is made. In Ireland all demands will be sent to, and supplied by the Principal Medical Officer. How put forward and checked.

888. Intermediate demands (which should be avoided as much as possible) will be put forward and checked in the same manner, but they will be accompanied in each instance with a full explanation of the circumstances which render them necessary; when only a few articles are required intermediately, Army Form I 1209 will be used. Intermediate demands.

889. Care will always be taken that demands for medicines and surgical instruments and materials are not included on the same form; the former will be included for on Army Forms I 1209 and 1213, and the latter on Army Form I 1219. Demands for medicines and instruments to be on separate forms.

890. From foreign stations the requisitions in duplicate will be annual, dated the 1st April, on Army Form I 1213, Requisition for supplies and returns from abroad.

with returns verified by Boards of Survey, on Army Forms I 1211 and 1215, for the year ending the 31st March.

Articles obtained from store departments.

891. Articles obtained at foreign stations from the Commissariat or Ordnance Store Department, for use in General Medical Stores, such as nails, rope, packing cases, tools, &c., will be brought on charge, and duly accounted for on the last page of the annual return (Army Form I 1215), for the year in which they were obtained.

Transfers between medical officers.

892. When a medical officer is removed from any charge where the custody of the medicines is included, a transfer return in detail (see paragraph 490), up to the date of relinquishing such charge, will be prepared in duplicate on Army Form I 1214, which will be duly signed both by the medical officer giving over and the medical officer receiving the stores. One copy will be transmitted to the Director-General through the Principal Medical Officer, and the other will be retained in the hospital for reference.

Use of scale.

893. The scale contained in paragraph 885 has been framed with the view of placing at the disposal of medical officers such a choice of remedies as it is presumed would be sufficient to meet all the wants of the sick; but it is of course to be understood that the whole of the articles specified therein are not required for any one service. Extra articles not included in the scale will only be sanctioned under very exceptional circumstances, which will be fully explained at the time of making the demand.

Unpacking of supplies at home.

894. All supplies of medicines received at home stations will be unpacked in the presence of a medical officer, who will report to the Principal Medical Officer, for the information of the Director-General, any deficiencies or losses from breakage or leakage, in order that it may be ascertained whether the contractor is liable for the same, or whether such arose from circumstances beyond control.

Unpacking of supplies at foreign stations.

895. On the receipt of supplies of medicines at foreign stations every case or other package will be opened, and its contents carefully examined in the presence of a Board of Medical Officers, by whom notice must be taken, in all cases of breakage, whether there is any deficiency of packing material, or other circumstances to lead to the belief that the loss resulted from insufficient or careless packing; or whether any external marks exist on the cases showing that they have been subjected to rough usage in transit. Such observations will be fully recorded in the copy of the proceedings of the Board transmitted to the Director-General.

896. Medicines supplied by different firms will not be mixed together in the same jar or bottle, in order that, should objection be made to their quantity or quality, no difficulty may be experienced in applying to the contractors who supplied them. Medicines from different firms to be kept separate.

897. In hospitals where a store for medicines exists distinct from the surgery, supplies when unpacked will be locked up in it, and the key retained in the possession of the Medical Officer in charge; the expense bottles in the surgery will be replenished, as required, from the store, under the superintendence of a medical officer, and a store book (Army Book 33) kept, in which all issues so made to the compounder will be recorded and checked. Safe custody and issuing of supplies of medicines.

898. On the 1st of October in each year a report will be transmitted to the Director-General on all supplies of medicines received during the past twelve months. Any objections, therefore, as to the age, adulteration, or chemical defects of the medicines will be noted from time to time, that the report may be fully substantiated Annual report on medicines.

899. The quinine supplied to military hospitals is tinted with sulphonate of rose analine, a substance which is perfectly innocuous, and does not undergo chemical change in the presence of acids. Supply of quinine.

900. The following drugs are supplied in fluted glass "poison" bottles, and will be kept under lock and key :— Poisonous drugs to be under lock and key.

Atropine.
Elaterium.
Hydrarg. Perchlorid.
Morphia
Strychnia.
Veratria.
Creosote.
Ol. Crotonis.
Inject: Morphia Hypodermic.
Acid. Hydrocyanic Dilute.

901. On home service, all empty bottles and packages in which supplies of medical stores have been received, will be carefully preserved from damage, and such as will not probably be wanted for further hospital use will be reported to the Director-General, either on the 1st of April or the 1st of October, a detailed list being furnished, in duplicate, stating the number and description of each article, and particularly specifying the packages which are serviceable, together with estimates of the highest sum obtainable for these stores, if disposed of locally. The proposed sales, when approved by the Director-General, will be forthwith effected, the proceeds thereof duly Disposal of empty bottles and packages on home service.

handed over to the district paymaster, and his receipt for the same transmitted to the Director-General by the Principal Medical Officer.

Disposal of empty bottles and packages on foreign service.

902. On foreign service, sales of empty bottles, packages, and other articles will be made under the orders of the Principal Medical Officer at each station, annually, or more frequently if deemed expedient, and the proceeds of such sales will be immediately paid to the district paymaster, and duly reported by the Principal Medical Officer to the Director-General.

Charges for carriage.

903. All charges for carriage of medical and surgical stores at home, will be put forward to the Principal Medical Officer, on Army Form P 1911, who after careful examination, and having certified as to their correctness, will forward them to the Senior Commissariat Officer, for adjustment by the District Paymaster.

Local purchases of medicines and appliances.

904. Medicines, leeches, ice, or other articles or appliances, not enumerated in the scale laid down in paragraph 885, if purchased locally without previous sanction from the Director-General at home, or the Principal Medical Officer abroad, will not be allowed at the public expense, unless under circumstances so urgent as not to admit of reference; medical officers so purchasing will at once apply for covering authority, and will fully state the grounds of urgency.

Bills to be approved at home by Director-General.

905. All local purchases will be certified by the medical officers as having been absolutely necessary, and obtained on the best and cheapest terms, and the bills will be sent to the Principal Medical Officer for examination; the latter will cause an abstract in duplicate to be prepared on Army Form I 1210, which, with the bills, will be forwarded to the Director-General at the end of each quarter for approval.

Payment of bills.

906. The Director-General will return the bills, with one copy of the abstract, as soon as possible to the Principal Medical Officer, for payment by the district paymaster.

Purchases at foreign stations.

907. At foreign stations, the Principal Medical Officer will approve the payment of bills for local purchases of medicines and appliances.

Articles supplied by Commissariat for medical purposes.

908. Such articles as vinegar, loaf sugar, treacle, ice, &c., when necessarily provided by the Commissariat Department for purely medical purposes, will be included in the abstract (Army Form I 1210) mentioned in paragraph 905, the Commissariat officer giving the necessary information as to cost.

Ice for other than

909. Ice for other than medical purposes, such as for

cooling drinks and preserving food, will not be charged in the abstract (Army Form I 1210). medical purposes.

910. Articles for disinfecting or fumigating purposes will not be included in requisitions put forward to the Director-General, and when obtained locally will not be included in the quarterly abstracts on Army Form I 1210. (See paragraph 1098.) Disinfectant not a medical supply.

SECTION III.—GENERAL MEDICAL STORES.

911. At stations where General Medical Stores exist, they will be placed in charge of an officer, who will be responsible that they are conducted according to the following instructions. Placed in charge of an officer.

912. He will be responsible that all receipts, issues, and transactions in such stores are correctly entered in the following books :—

Register of Stores (Army Book 168);
Medical Store Ledger („ „ 167);
Surgical „ „ („ „ 169). Medical Store Ledgers.

913. He will retain these books in his own possession, and have them ready for inspection at any time by the Principal Medical Officer, and will produce them at all Boards of Survey on the stores.

914. He will invariably initial any alterations or erasures in figures or quantities in the store ledgers. Erasures to be initialed.

915. He will securely and consecutively file all vouchers of receipts and issues in a guard book. Vouchers to be filed.

916. When stores are pronounced unserviceable by Boards of Survey, he will attend with a member of the Board to verify the unserviceable articles, and see that they are destroyed beyond the possibility of further use. Destruction of unservicable stores.

917. He will at once report any irregularities he may observe connected with the stores to the Principal Medical Officer, for the information of the Director-General. Report of irregularities.

918. In transfers of General Medical Stores between officers in charge, duplicate returns, on Army Forms I 1211 and 1215, will be made out in which all surpluses and deficiences will be shown : these returns will be signed by the officers handing over and taking over charge, in the presence of a medical officer detailed by the Principal Medical Officer, or of a Board of Survey should such be considered necessary ; one copy will be forwarded to the Director-General, and the other retained by the officer receiving over charge. Transfer of charge of stores.

919. Returns of General Medical Stores will be rendered half-yearly at home and annually abroad, on Army Forms Returns and Boards of Survey on

general medical stores.

I 1211 and 1215, and will be verified by Boards of Survey of medical officers, who will compare these returns with the corresponding entries in the store ledgers, and with the vouchers of receipts and issues, and see that of stores remaining surpluses as well as deficiencies are correctly shown.

Issues abroad to ships of Royal Navy.

920. When issues are made from General Medical Stores at foreign stations to ships of the Royal Navy, receipts in duplicate will be obtained from the naval medical officer receiving the supply; these will be forwarded with each annual return to the Director-General, accompanied by an abstract in duplicate showing the articles issued, and the vessels to which supplied.

Supervision over men employed in the stores.

921. The officer in charge of General Medical Stores will exercise close supervision over the non-commissioned officers and men employed therein, and endeavour to prevent any misappropriation of stores.

PART 5.—MEDICAL ATTENDANCE AND EXAMINATION.

Section I.—Medical Attendance.
" II.—Medical Examination of Recruits and Re-engaged Men.
" III.—Invaliding of Soldiers.
" IV.—Medical Examination of 1st Class Army Reserve.

SECTION I.—MEDICAL ATTENDANCE.

I.—General Instructions.
II.—Officers, their Wives, Children, and Civilian Servants.
III.—Warrant Officers, their Wives and Children.
IV.—Non-Commissioned Officers and Soldiers.
V.—The Wives and Children of Non-Commissioned Officers and Soldiers.
VI.—Officers, Pensioners, Non-Commissioned Officers and Soldiers of the Army Reserve when called out for duty.
VII.—Staff Officers of Pensioners and Governors of Military Prisons.
VIII.—Non-Commissioned Officers of Pensioners, Permanent Warders, and their Wives and Children.
IX.—Pensioners, Clerks, Permanent Labourers, and other Civilians employed under the War Department.
X.—Employment of Private Medical Practitioners.

I.—GENERAL INSTRUCTIONS.

Definition of the term "medical attendance."

922. The term "medical attendance" throughout these regulations means the professional advice and care during sickness or injury afforded in hospital or out of hospital by

a medical officer or by a private medical practitioner appointed to take medical charge of troops. Medical attendance will be restricted to the persons detailed in the following regulations, and subject to the conditions therein laid down; it will include the supply of medicines and surgical materials prescribed by the medical officer in charge of the case, and ordered by him from the public stock, or the medicines prescribed and surgical materials supplied by a private medical practitioner when appointed in charge of troops.

Supply of medicines limited to conditions quoted above.

Admission to hospital

923. No person unless authorised by regulation will be admitted into military hospitals without the special sanction of the Secretary of State for War, and any departure from this rule will render the officer authorising such deviation liable for all expenses which may be incurred.

Issues of medical comforts or diets.

924. No issue of medical comforts or diets will be made to any person not entitled to them by regulation, and articles of this nature ordered on the authority of commanding or medical officers for women, children, or other persons not entitled thereto will not be sanctioned as a charge against the public, and the value of all articles so issued will be recovered from the officers on whose certificate the issues were made.

Attendance cannot be claimed in any case of childbirth.

925. Attendance cannot be claimed for the wives of officers or soldiers during their confinement (with the exception of the wives of soldiers admitted into a female hospital), unless the assistance of a midwife or civil practitioner cannot be procured, or unless the midwife or civil practitioner privately employed should require the assistance of a medical officer in any case of danger.

Nominal roll of persons claiming medical attendance, to be furnished to the medical officer.

926. When medical attendance is claimed from a medical officer for persons who are not enlisted soldiers or members of their families, a nominal roll (on Army Form A 23), with the rank or occupation and address of each person, will be furnished by the officer commanding, or the head of the department, on the first of each month, to the Principal Medical Officer, or to the senior medical officer of the station, and no person will be considered entitled to medical attendance whose name is not included in this monthly roll.

II.—OFFICERS, THEIR WIVES, CHILDREN, AND CIVILIAN SERVANTS.

Conditions entitling to attendance.

927. Officers are entitled to medical attendance at the public expense only at stations where there is a medical officer nominated for the duty, or where a private medical

practitioner is employed at contract rates for attendance on non-commissioned officers and men, and provided that in each case the officer claiming medical attendance is on full pay, or holding a staff appointment at the station, and resides within a radius of one mile from the army dispensary; or if there be no dispensary, within a mile of a point to be fixed by the General Officer Commanding, and the Principal Medical Officer of the District. In all cases of attendance by a medical officer, the medicines ordered by him will be obtained from a military dispensary.

Conditions of admission to military hospitals.

928. Officers suffering from wounds received in action, or from illness contracted on service with an army in the field, will be admitted into a military hospital for treatment at a station where special accommodation has been authorised. Officers who are sick from causes other than those stated above will be admitted only on the recommendation of a Board of Medical Officers, and when so admitted will be required to pay the regulated stoppages in accordance with paragraph 69, Allowance Regulations. Such cases will be immediately reported to the Secretary of State for War.

Admission under urgent circumstances.

929. In circumstances of great urgency, an officer, whether of the British or Indian Establishment, may, on the special recommendation of the Principal Medical Officer (who will first ascertain whether there is accommodation vacant), be at once admitted for treatment, pending the sanction of the Secretary of State.

Attendance on officers' wives and children.

930. The wives and children (up to 14 years of age) of officers will be entitled to medical attendance and medicine at the public expense only when the officers are serving under the conditions stated in paragraph 927.

Attendance on civilian servants.

931. Officers will be allowed medical attendance and medicine at the public expense, for civilian servants, on the conditions stated in paragraph 927. The attendance will be allowed only for servants actually kept and not exceeding the numbers authorised by the regulations relating to Servants' Allowance (Army Regulations, Vol. I, Part III, Section XV).

Soldier servants to be reckoned in the number of servants allowed.

932. When an officer is allowed the services of a soldier servant, or employs any soldier, orderly, labourer, messenger, or other person paid by the Government to act in any capacity as servant, the soldier or other person so employed must be reckoned part of the maximum number of servants, as stated in the above schedule, for whom medical attendance will be allowed.

Civilian servants to attend at dispensary.

933. Civilian servants of officers requiring medical attendance and medicines will attend at the military

hospital or dispensary, or residence of the private medical practitioner (as the case may be) at fixed hours, unless their illness be of such a nature as to prevent their doing so, in which case they will be visited at their master's quarters or residence, provided it is within the prescribed radius.

Names and occupations to be specified monthly.

934. The names and occupations of civilian servants for whom medical attendance is claimed will be specified each month in Army Form A 23.

Claims for medical practitioners privately employed by officers.

935. Claims for reimbursement on account of the services of medical practitioners employed privately by officers of the army, or by members of the military and civil departments, for attendance on themselves, their wives, children, or servants, or for medicine purchased by them, will not be entertained under any circumstances.

III.—WARRANT OFFICERS, THEIR WIVES AND CHILDREN.

Attendance in their own quarters.

936. Warrant officers will, under ordinary circumstances, receive medical attendance in their own quarters, when present doing duty at their stations, or when borne on the muster rolls of their corps or depôts; and also when employed on detachment duty, or when on sick leave of absence. Cl. A.C

Admission and treatment in military hospitals.

937. When considered absolutely necessary by the medical officer in attendance, they will be admitted to a military hospital, separate accommodation being afforded them when practicable. They will receive diets and extras subject to the hospital stoppages laid down in paragraph 69, Allowance Regulations, and their names, whether treated in or out of hospital, will be included in the same sick returns as for non-commissioned officers and privates of the Regular Forces. (See paragraph 1172.)

Attendance on families of warrant officers.

938. The wives and children of warrant officers will receive medical attendance in their own quarters, under the conditions laid down in paragraphs 936 and 944. They will also receive medical comforts, under the conditions laid down for the families of non-commissioned officers and soldiers in paragraphs 945 to 949.

Admission to hospital of families and attendance when husband absent on active service.

939. If, under exceptional circumstances, they are admitted into a military hospital, they will receive medicines, diets, and extras, under the conditions laid down in paragraph 69 of the Allowance Regulations, for wives and families borne on the married roll. The wives and children of warrant officers absent on active service *will receive* medical attendance, medicines, and medical Cl. A.C

comforts under the same conditions as laid down for the families of non-commissioned officers in paragraph 946 of these Regulations.

IV.—NON-COMMISSIONED OFFICERS AND SOLDIERS.

940. All non-commissioned officers and soldiers, when present doing duty and borne on the muster roll of their respective corps or depôts, or when employed on detached duty, or on furlough of any kind, also seamen of the Royal Navy and non-commissioned officers and men of the Royal Marines, when sick, will be admitted to military hospitals, and there provided with medical attendance, medicines, and diet, subject to the regulated stoppages. Non-commissioned officers and soldiers entitled to admission to hospital.

941. Where there is no military hospital, all non-commissioned officers and soldiers, when on duty or on sick furlough, will be entitled to medical attendance at the public expense; but this does not apply to soldiers on ordinary furlough or to deserters, who, however, if necessity arise, may apply for admission, and be treated in military hospitals. Claims for medical attendance procured by such men from private medical practitioners are inadmissible under paragraph 48, Section XIII, Queen's Regulations and Orders for the Army, 1883. Attendance during sick or ordinary furlough, or of deserters.

942. In any exceptional case where from sudden illness or other cause it is necessary to subsist a discharged man in hospital, he will, if a pensioner, be charged a stoppage of 1*s.*, subject to the provision that if his pension be not equal to 1*s.* 3*d.* a day, the rate of stoppage will be such as to leave him a balance of 3*d.* a day. If the soldier be discharged without a pension he will be subsisted free. Discharged soldiers unable through illness to proceed to their destination.

943. Soldiers belonging to the Army Reserve Force are not entitled to medical attendance unless the force be mobilised, and under the condition, in paragraph 953 of these Regulations. Attendance on men of the Army Reserve.

V.—THE WIVES AND CHILDREN OF NON-COMMISSIONED OFFICERS AND SOLDIERS.

944. The wives of non-commissioned officers and soldiers who are borne on the married roll of corps with their legitimate children and step-children (up to 14 years of age), will, when present with corps, be allowed medical attendance and medicine at the public expense only at stations where *there is* a medical officer, or where a Women must be on married roll to be allowed medical attendance.

private medical practitioner is employed at contract rates, and provided in each case that they reside within a radius of one mile from a military dispensary, or point fixed as in paragraph 961.

Women and children entitled to medical comforts.

945. Medical comforts will only be issued to the wives and children of the non-commissioned officers and soldiers detailed in the preceding paragraph, and under the conditions therein specified, when they are sick, and are treated in their quarters. No medical comforts will be issued unless they can be procured from a military hospital provision store.

Attendance on families of men on active service.

946. When non-commissioned officers and men on the married roll are absent on active service, their wives and families will be allowed medical attendance and medicine at the public expense at stations where there is a medical officer, or where a private medical practitioner is employed at contract rates, provided that in each case they reside within a radius of one mile from a military dispensary (see paragraph 944). They will also be allowed medical comforts under the conditions contained in paragraph 945.

Return of medical comforts issued.

947. A return of the names of the women and children to whom medical comforts are thus issued, and of the dates of the issues, will be forwarded monthly through the Principal Medical Officer of the district, on Army Form I 1205.

Medical comforts detailed.

948. The following, in accordance with paragraph 68, Allowance Regulations, are the medical comforts which may be issued, viz.: wine (port or sherry), brandy, arrow-root, and essence of beef or extractum carnis; fresh meat will not be supplied for the preparation of beef tea.

First issue of medical comforts.

949. Previous to the first issue of medical comforts, the signature of the officer commanding will be obtained to the certificate on Army Form I 1205, on which an entry of all demands for issues will be made daily by the prescribing medical officer, and the cases of all individuals requiring medical comforts will be entered in the Case Book (Army Book 187).

Admission to female hospital.

950. The families of non-commissioned officers and soldiers may be admitted into a hospital or ward allotted in barracks, under the conditions laid down in Part 2, Section VIII, of these Regulations, and those who have a claim to free treatment in hospital when their husbands are with them, do not forfeit that claim when their husbands are absent on duty.

Medical comforts *for families of Militia staff.*

951. The wives and children of the Militia staff occupying quarters in barracks will not be entitled to medical comforts unless the non-commissioned officers are

transfers serving under their army engagement, in which case the medical comforts detailed in paragraph 948 will be issued.

952. Medical officers are at liberty in urgent cases to attend the wives and children of soldiers who are married but are not on the married establishment and to supply medicines for them from the public stock at the discretion of the Principal Medical Officer; in all such cases the prescriptions will be filed in the surgery for subsequent examination.

Attendance on families not on married roll.

VI.—PENSIONERS, AND OFFICERS, NON-COMMISSIONED OFFICERS, AND SOLDIERS OF ARMY RESERVE WHEN CALLED OUT FOR DUTY.

953. Pensioners, and officers, non-commissioned officers, and soldiers of the Army Reserve, when called out for training or duty, will, while so employed, and if taken ill during the period of such duty, be treated, as regards medical attendance and hospital accommodation, in all respects as other officers and soldiers in Her Majesty's service, subject to such stoppages as may from time to time be authorised.

Medica attendance on Army Reserve.

VII.—STAFF OFFICERS OF PENSIONERS AND GOVERNORS OF MILITARY PRISONS.

954. Staff Officers of Pensioners and Governors of Military and Provost Prisons will be entitled to medical attendance at the public expense—

a. For themselves, subject to the conditions stated at paragraph 927.

b. For their wives and children, subject to the conditions stated at paragraph 930.

c. For civilian servants, subject to the conditions stated at paragraphs 931 to 934.

Staff officers of pensioners and governors of prisons.

VIII.—NON-COMMISSIONED OFFICERS OF PENSIONERS, PERMANENT WARDERS, AND THEIR WIVES AND CHILDREN.

955. Non-commissioned officers employed on the out-pension staff under officers paying Pensioners and Permanent Warders in military and provost prisons, will be entitled to medical attendance and medicines for themselves, their wives, and children up to fourteen years of age, at the public expense, provided they reside within one mile from an *army dispensary; but* where their duties compel

Non-commissioned officers of pensioners.

them to live beyond that radius, a private medical practitioner (see paragraph 961), may be employed at contract rates to attend them, in all cases subject to the conditions stated in paragraphs 944 to 950.

Inspection of a pensioner when required by staff officer.

956. Any pensioner brought before a medical officer for inspection at the request of an officer paying pensioners, will be examined, and the requisite certificate furnished.

IX.—PENSIONERS, CLERKS, PERMANENT LABOURERS, AND OTHER CIVILIANS EMPLOYED UNDER THE WAR DEPARTMENT.

Attendance on pensioners and their families.

957. Pensioners employed in the Military and Civil Departments of the Army will be allowed medical attendance at the public expense for themselves, their wives, children, and step-children, up to fourteen years of age, at stations where there is a medical officer or a private medical practitioner in attendance on non-commissioned officers and men of the army, and provided that in every case they reside within the radius of one mile from the army dispensary of the station; but they will not be entitled to medical comforts, or to admission to a military hospital, except under the circumstances detailed in paragraph 960. Cl. 27 A.C.

Attendance on civilians on fixed establishment.

958. Civilian clerks, artificers, labourers, and all persons on the approved Fixed Establishment of the Departments of the army, at home and abroad (with the exception of the Ordnance Store Department, Royal Arsenal, Woolwich, which is treated exceptionally), will be considered entitled to medical attendance for themselves, their wives, children, and step-children, up to fourteen years of age, under conditions similar to those specified in paragraph 957, and 961. Cl. 16 A.C.

Attendance on civilians employed in manufacturing department.

959. Civilians on the Fixed Establishments of the Manufacturing Departments under the control of the War Office, including civilian candidates whilst undergoing training for the corps of Ordnance Artificers, will be entitled to medical attendance for themselves, their wives, and children under fourteen years of age; but workmen and labourers on the wages list will be entitled to individual medical attendance only after three years' continuous service, except in cases of injury from accident on duty. In both cases the residences of those requiring medical attendance must be within the radius of one mile from the military dispensary. This limit of distance, however, does not apply to the Royal Arsenal, Woolwich, where the radius of

one mile has been fixed from a point equidistant from the main and Plumstead gates, as shown by a yellow semicircle in a plan kept at the offices of the heads of departments, Royal Arsenal.

960. Pensioners or others employed in the military or civil departments of the army and occupying quarters in barracks by War Office authority, when attacked by any contagious or infectious disease which, in the opinion of the senior medical officer, renders their removal to hospital necessary on sanitary grounds, will be admitted to military hospitals (subject to special hospital stoppages, Allowance Regulations, paragraph 69), whenever hospital accommodation can be made available for them.

Pensioners and others occupying quarters attacked with infectious disease.

X.—EMPLOYMENT OF PRIVATE MEDICAL PRACTITIONERS.

961. If there be no medical officer at a station where there are non-commissioned officers and soldiers entitled by the foregoing regulations to medical attendance and medicine at the public expense, the Officer Commanding at the station may, under the provisions of Articles 326 to 330 of the Royal Warrant relating to Pay, &c. (Army Regulations, Vol. I), engage the services of a properly qualified Private Medical Practitioner for attendance on the non-commissioned officers and soldiers present. The private medical practitioner employed in this service will receive the yearly contract rates, which, as laid down in Article 326, include the cost of medicines and ordinary surgical materials. On the employment of a private medical practitioner (which will be duly reported to the Principal Medical Officer of the district, who will immediately inform the Director-General of the circumstance), all persons at the same station who are entitled to medical attendance, on the conditions laid down in these Regulations, will be included in the numbers to be attended, provided they reside within the prescribed radius of one mile from the military dispensary, or if there be no dispensary within one mile of a point to be fixed by the Officer Commanding the station.

Officers commanding empowered to employ private medical practitioners.

962. When a military foreman of works or a non-commissioned officer of the Royal Artillery, Royal Engineers, or any corps, is sent for duty, for any period likely to exceed one month, to a station where there is no medical officer, or where, if one be present, his services owing to distance cannot be made available, the Officer Commanding the corps will obtain the services of a duly qualified medical

For non-commissioned officers and soldiers, &c., detached.

practitioner, for all those of the party entitled to medical attendance, at the contract rates, agreeably to the directions contained in paragraph 961.

Nominal rolls to be forwarded.

963. Where a private medical practitioner has been employed at contract rates, the several Commanding Officers and Heads of Departments will, on the first of each month, furnish him with a nominal roll (on Army Form A 23) of all persons other than soldiers who are entitled to medical attendance, and in every case the rank, occupation, and address of each person will be stated on the rolls. In the case of a detachment of soldiers consisting of more than 10 non-commissioned officers and privates, the rolls will not be necessary.

All persons to be included in one claim.

964. All persons, though belonging to different corps or departments at the same station, will be attended by the same private medical practitioner, and the total number included in one claim on Army Form O 1666, which will be certified and signed by the senior military officer at the station.

How claims are to be forwarded.

965. Under ordinary circumstances no claim for medical attendance will be entertained unless made in conformity with the rates laid down in the above-mentioned Royal Warrant relating to Pay, &c., and unless it is submitted by the military officer who engaged the services of the private medical practitioner direct to the Secretary of State for War at the end of each quarter, or at the termination of the service if for less than a quarter, on Army Form O 1666, to which the lists on Army Form A 23 will invariably be attached. Where, however, exceptional circumstances have arisen in the employment of a private medical practitioner to necessitate a departure from any of the foregoing instructions, full explanation of the circumstances will be given in each case, and the particulars of the claim furnished by the responsible military officer will be submitted on Army Form O 1667 for the approval of the Secretary of State for War.

How settled.

966. The claims, when they have been approved by the Director-General, will be returned to the military officers who signed them, for settlement by the paymasters of districts.

Report of infectious cases attended by private practitioners.

967. In accordance with Section XIV, Queen's Regulations and Orders for the Army, when officers, non-commissioned officers, or soldiers in any garrison or station, privately employ a civilian medical practitioner to attend upon them or their families for an infectious disease, they *will at once* report the circumstance for the information

of the Officer Commanding and the Senior Medical Officer of the station, who will take such sanitary precautions in connection therewith, as may be necessary (see paragraph 1100.

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968. Militia medical officers not on the Departmental List, if employed to attend troops during the embodiment of the regiment, will be paid for such attendance at contract rates, even when drawing the full pay as Militia surgeons, and in addition to their full pay.

Attendance by Militia medical officers.

SECTION II.—MEDICAL EXAMINATION OF RECRUITS AND RE-ENGAGED MEN.

I.—Inspection of Recruits.
II.—General Examination of Recruits.
III.—Special Examination of Recruits.
IV.—General Instructions.
V.—Re-engagement of Men.

I.—INSPECTION OF RECRUITS.

Principal points in medical examination of recruits.

969. In the inspection of recruits, the principal points to be attended to are :—

(*a*) That the recruit is sufficiently intelligent.
(*b*) That his vision is sufficiently good to enable him to see clearly with either eye at the required distance.
(*c*) That his hearing is good.
(*d*) That his speech is without impediment.
(*e*) That he has no glandular swellings or marks of scrofula.
(*f*) That his chest is capacious and well formed, and that his heart and lungs are sound.
(*g*) That he is not ruptured.
(*h*) That the limbs are well formed and fully developed.
(*i*) That there is free and perfect motion of all the joints.
(*j*) That the feet and toes are well formed.
(*k*) That he has no congenital malformation or defects.
(*l*) That he does not bear traces of previous acute or chronic disease pointing to an impaired constitution.

General grounds of rejection.

970. Men presenting any of the following conditions will be rejected :—

Scrofula ; phthisis ; bronchial or laryngeal disease ; palpitation or other diseases of the heart ; generally impaired constitution ; defects of vision, voice or

hearing; contraction or deformity of chest or joints; abnormal curvature of spine; defective intelligence; hernia; hæmorrhoids; varicose veins or varicocele beyond a limited extent; inveterate cutaneous disease; chronic ulcers; fistula; traces of corporal punishment, or any disease or physical defect calculated to unfit them for the duties of a soldier.

Mental capacity.

971. Great care is to be taken in ascertaining the mental capacity of a recruit.

Correlation of height, weight, chest-measurement, and age.

972. The height, weight, and chest-measurement of a recruit should accord with each other, and with his age, agreeably to the standards laid down from time to time in General Orders.

II.—GENERAL EXAMINATION OF RECRUITS.

Position of recruit.

973. When not required to approach the recruit for special objects, the medical officer should always take his place at a distance of about six feet from him. The recruit should be placed so that the light may fall upon him.

Directions for general examination, and objects.

974. The recruit having, if possible, had a bath or been washed, and being wholly undressed, the following should be the order in which the examination is carried out:—

(*a*) He is measured under the standard.
(*b*) He is weighed.
(*c*) His vision is tried by the test dots at the required distances (see paragraph 986).
(*d*) His chest-measurement is taken (see paragraph 984).

If he satisfies requirements in these respects, and appears otherwise eligible, the general examination will be proceeded with:

(*e*) He is directed to walk up and down the room smartly two or three times.
(*f*) Hop across the room on the right foot.
(*g*) Back again on the right foot.
(*h*) Hop across the room on the left foot.
(*i*) Back again on the left foot.
(*The hops should be short and upon the toes.*)
(*j*) He is halted, standing upright, with his arms extended above his head, while the medical officer walks slowly round him, carefully inspecting the whole surface of his body.
(*k*) An estimate is formed of his general physique, of his age, and whether he presents the appearance of having served before.

The objects to be observed and noted in this part of the examination are the following:—the general physical development; the formation and development of the limbs; the power of motion in joints, especially in the feet and hips; flatness of the feet; formation of the toes; skin disease; varicose veins; cicatrices or ulcers; marks of tatooing, or of medical treatment indicative of such disqualifying diseases as visceral affections, epilepsy or insanity; and any special marks from congenital or accidental causes. If any obviously disabling effects are noticed it is of course not necessary to proceed with the exercise further. If no such defects are found, the second part of the examination will be at once proceeded with.

III.—SPECIAL EXAMINATION.

Examination of the trunk.

975. The trunk will be examined from below upwards The recruit stands with his arms extended above his head, the backs of the hands being in contact. The following will be the order of inspection:—

(*a*) The medical officer notes indications of venereal disease.

(*b*) He examines the scrotum to ascertain if the testicles have descended and are normal, or if there be varicocele.

(*c*) He inserts the point of his finger in the external abdominal ring of each side, and desires the recruit to cough two or three times, to ascertain if he be ruptured or liable to that condition.

(*d*) He examines the abdominal walls and parietes of the chest.

(*e*) He desires the recruit to "take in a full breath" several times, while he watches the action of the chest. Careful stethoscopic examination is made.

(*f*) He examines the action of the heart, and notes its sounds.

976. This comprehends the inspection for venereal disease, disease of the testes, varicocele, hernia, visceral disease of the abdomen and chest, and capacity of chest.

The lower extremities and back.

977. The inspection of the lower extremities and back will be made from below upwards. The recruit first faces the medical officer, afterwards turns his back to him. The following are the directions given facing:—

(*a*) Stand on one foot, put the other forward.

(*b*) Bend the ankle-joint and toes of each foot alternately, backwards and forwards.

(*c*) Kneel down on one knee.
(*d*) Up again.
(*e*) Down on the other knee.
(*f*) Up again.
(*g*) Down on both knees, and up from that position with a simultaneous spring of both legs.
(*h*) Turn round. Separate the legs.
(*i*) Touch the ground with the hands.

978. While the recruit performs these movements, the medical officer will observe the action of the knee-joints, the condition of the perinæum, and of the spinal column.

979. This includes the inspection for defects of the toe, ankle and knee-joints; for hæmorrhoids, prolapsus ani, fistula in perinæo, and spinal deformity.

The upper extremities.

980. The examination of the upper extremities will be made from below upwards. Time is saved by the medical officer himself acting as well as telling the recruit the movements he desires to be made. The following are the directions:—

(*a*) Stretch out your arms with the palms of your hands upwards.
(*b*) Bend the fingers backwards and forwards.
(*c*) Bend your thumbs across the palms of your hands.
(*d*) Bend the fingers over your thumbs.
(*e*) Bend your wrists backwards and forwards.
(*f*) Bend the elbows.
(*g*) Turn the backs of the hands upwards.
(*h*) Swing your arms round at the shoulders.

The medical officer will examine the recruit for marks of vaccination.

Marks of vaccination.

981. This comprehends the inspection for loss or defects of the fingers, thumbs, wrists, elbow and shoulder-joints; power of rotating the forearm, and vaccination. If not vaccinated, the circumstance should be stated on the attestation paper.

The head and neck.

982. The examination of the head and neck will be made from above downwards. The medical officer will note the intelligence, character of voice, and power of hearing of the recruit by his replies to the questions put to him. The following are the directions:—

(*a*) Have you had any blows or cuts on the head? Are you subject to fits of any kind? He examines the scalp.
(*b*) He examines the ears.
(*c*) He examines the eyes and eyelids.
(*d*) He examines the nostrils.
(*e*) He examines the mouth, palate and fauces, and

then tells the recruit to say loudly, "Who comes there?"

(*f*) He examines the neck.

983. This comprehends the inspection for injuries of the head; deafness; disease of the ears; defect of voice; polypus of nose; state of teeth; scrofulous ulceration; glandular enlargements; and defects of the eyes, also the declaration of the recruit that he is not subject to "fits."

984. The following are the instructions for determining the chest-measurement of recruits:—

Directions for determining the chest-measurement.

(*a*) The measuring-tape will be passed round the chest so that its posterior upper edge will lie immediately below and touch the shoulder-blades; while in front its anterior lower edge touches the upper part of the nipple, the arms meanwhile hanging loosely; the tape should not be drawn so tight as to compress the surface.

(*b*) The tape having been thus applied, the recruit will be made to count slowly from 1 to 10, and the minimum measurement shown by the tape while so counting is to be considered the correct chest-measurement.

Determination of age by physical development.

985. Should a recruit, on presenting himself for enlistment, bring no satisfactory proof of his age, the medical officer who examines him will, by comparing the height with the weight, general development, and appearance, decide his apparent age, which will be entered on the second page of the attestation, and be accepted in all future official documents relating to him

Mode of testing vision.

986. In examining a recruit's vision he will be placed with his back to the light, and made to count the dots and describe their position at the distances specified on the test dot card, first with both eyes, and then with each separately; the medical officer will manipulate the card, while the assistant covers each eye alternately with the flat of his hand.

Inability to see test dots on secondary examination.

987. A recruit whose vision has been tested and pronounced good on a primary examination, will not, through his own declared inability to see the test dots on secondary examination be rejected, unless the approving medical officer is satisfied that the man's vision is really defective and no deception in being practised by him.

IV.—GENERAL INSTRUCTIONS.

Definition of approving *medical Officers.*

988. All military medical officers, and medical officers of Militia and Yeomanry, when their regiments are em-

bodied or out for training, or when they are appointed to the charge of a regimental district or station under Article 323, Royal Warrant relating to Pay, &c. (Army Regulations, Vol. I), are empowered to approve and carry out the final medical examination of recruits.

Definition of civilian medical practitioners.

989. Medical officers of Militia and Yeomanry whose regiments are not embodied or out for training, or who do not hold any appointment under the warrant referred to in paragraph 988, and all private practitioners authorised to examine recruits, are considered civilian medical practitioners, and can only conduct the primary medical examination, unless specially authorised to approve and carry out the final examination.

Responsibility for measurement of recruits.

990. The approving medical officer as defined, is responsible for the measurement of recruits, as regards standard of height, chest, and weight, as well as for their apparent age being in accordance with the schedules given in General Orders from time to time.

Entries on attestation.

991. The medical officer will enter on the original attestation the following particulars in his own handwriting :—Apparent age, height, chest-measurement, complexion, colour of hair and eyes, and any distinctive marks ; writing "none" where there are none. When the examination is made by a civilian medical practitioner, these particulars will be inserted by him in pencil only.

Simulation of disability.

992. If the medical officer detect a recruit simulating disabilities, he is to attach to the man's attestation a slip of paper containing a statement of the fact.

Note whether recruit had previously served.

993. If the medical officer is of opinion, judging from the inspection, or from the general appearance of the recruit, that the man had previously served, he will note the fact in the column for distinctive marks on the attestation.

Declaration by examining officer.

994. The signature of an examining surgeon to an attestation will be considered tantamount to a declaration that he personally examined the recruit in question according to these instructions, and that the man has no blemish or defect, except those noted on the attestation ; remarks relative to any defects in the recruit will be in the examining officer's own handwriting.

Responsibility for rejection of recruits.

995. Approving medical officers will conduct the examination of recruits, and record the facts arrived at with due care, and to the best of their judgment ; but they will not be held responsible for the ultimate rejection of recruits on grounds involving a decision contrary to the opinions they may have expressed.

Recruits passed by

996. Recruits primarily examined and passed by

civilian practitioners.

civilian medical practitioners, as defined in paragraph 989, will, in all cases, be finally examined by an approving medical officer.

Medical report on Army Form B 204 on recruits after approval.

997. When a recruit, who has been approved by a medical officer as defined in paragraph 988, is considered to be unfit for service on joining his regimental district or corps from a sub-district, a fully detailed report on his case on Army Form B 204 will be made by the medical officer who considers him unfit, and who will state not only the nature of the disability, but its extent; this, with the attestation, will then be forwarded by the Officer Commanding, with any remarks he may consider necessary, to the Adjutant-General, Horse Guards.

Release with a protecting certificate.

998. In the case of recruits primarily passed by civilian medical practitioners, who may, on final examination by an approving medical officer, be considered unfit, no report on Army Form B 204 will be necessary, but they will at once be rejected and discharged. The approving medical officer in such cases will not sign the certificate on the attestation.

Discharge of a recruit after final approval.

999. A recruit who has been passed by an approving medical officer can only be discharged as unfit for the service on the recommendation of a Medical Board, assembled by order of the Adjutant-General, Horse Guards, on the report referred to in paragraph 997 being received.

Opinions of Medical Boards.

1000. Medical Boards reporting on recruits will invariably record an opinion on the specific disabilities alleged, as well as on general fitness for service; when the objection is to height or chest-measurement they will also record their own measurements in inches and parts of an inch

Boys.

1001. Attention is directed to paragraph 50, Section XIX, Queen's Regulations and Orders for the Army, 1883.

Recruit register.

1002. Recruit registers (Army Book No. 46) will be kept by all medical officers employed in recruiting duties at general or station hospitals or other places where recruits are examined. Separate registers will be kept for the Regular and for the Auxiliary Forces. These registers will on no account be removed from the office or hospital where the recruits are medically inspected.

Directions for filling up.

1003. In filling up the column headed "Trade or Occupation," the journeyman will be distinguished from the master in all cases. The term "Agricultural Labourer" will apply to all labourers in agriculture (except shepherds) not living in the farmhouse; while those living in the house of the farmer will be more

correctly designated as "Farm Servants." In the case of men working in manufactures and mines, and of such as are employed in construction generally, the particular branch of work and the material will always be distinctly specified. The term "Farmer" should be applied only to those who have occupied land. The sons of farmers may be returned "Farmer's sons," when not agricultural labourers.

Remarks in recruit registers.

1004. The medical officer will state in his own handwriting in the column of the recruits' register provided for the purpose, the recruit's fitness or unfitness, and will enter any remarks relative to vaccination and to cause of rejection, as well as any distinctive marks; he will then append his signature to the column. When there are no distinctive marks it must be so stated.

Preparation of medical history sheets of recruits.

1005. The approving medical officer who signs the final certificate on the attestations will cause the medical history sheets of recruits (Army Form B 178) to be filled in at the time of the examination, and will sign the same and be held responsible that the entries are correct in every particular.

Disposal of medical history sheets.

1006. The medical history sheet so prepared will at once be forwarded, with the attestation to the officer commanding the regimental district or corps the man is to join: and when the regimental number has been inserted the commanding officer will hand it over to the medical officer in charge of the station hospital.

Recruits for the Medical Staff Corps.

1007. In passing recruits for the Medical Staff Corps, medical officers will satisfy themselves that the recruit can read (not only printed matter but plain handwriting) and write; they will inspect his certificate of character and attach it to the Original Attestation; if they find him eligible, they will add to the certificate of final medical examination on the second page of the Attestation a statement that they "consider him suitable for the Medical Staff Corps."

Militia recruits passed by an army medical officer.

1008. Militia recruits passed by an army medical officer will not be rejected by a Militia surgeon; objections in such cases will be referred to the Principal Medical Officer of the district.

Irish Constabulary recruits.

1009. Recruits for the Royal Irish Constabulary will, when brought before army medical officers, be examined by them.

Special discharges of recruits.

1010. The special discharges of recruits will be carried out in accordance with paragraphs 246 and 255, Section XIX, Queen's Regulations and Orders for the Army, 1883.

V.—RE-ENGAGEMENT OF MEN.

Minor defects and trivial ailments.

1011. Warrant officers, non-commissioned officers, and men allowed to re-engage will not be rejected for minor defects and trivial ailments which do not interfere with the efficient performance of their duties.

Medical report on soldiers considered unfit for re-engagement.

1012. When a soldier is considered physically unfit for re-engagement, the medical officer will state in the certificate on the re-engagement schedule, Army Form O 1724, the nature of the disability.

Doubtful cases.

1013. The medical certificate in the re-engagement schedule will be considered final as regards the man's physical fitness, but in doubtful cases the soldier may be allowed to appear before a Medical Board, with a view to a decision being arrived at as to his fitness or unfitness to re-engage.

SECTION III.—INVALIDING OF SOLDIERS.

1014. The invaliding of soldiers at home and abroad will be carried out in accordance with instructions contained in Section XIX, Queen's Regulations and Orders for the Army. **Invaliding to be in accordance with Queen's Regulations.**

1015. When soldiers serving at the headquarters of a district are considered unfit for further service, a Detailed Medical History of each case on Army Form B 179, accompanied by the soldier's medical history sheet, Army Form B 178, will be submitted for approval to the Principal Medical Officer, who will inspect the proposed invalids; if found unfit by him, they will, with the concurrence of the General Officer Commanding, be subsequently examined by a Medical Board for final decision. The President of the Board, if possible, will not be under the rank of Deputy Surgeon-General. **Soldiers brought forward for invaliding at the headquarters of a district.**

1016. Attention is directed to paragraphs 234 and 236, Section XIX, Queen's Regulations and Orders for the Army. **Invalids at out-stations and unfit men.**

1017. A Medical Board assembled for the purpose of examining invalids, will record their opinion on the third page of the detailed medical history (Army Form B 179), and their proceedings will be submitted for the approval of the Principal Medical Officer. **Medical invaliding Board.**

1018. When invalids have been inspected by the General Officer Commanding, their detailed medical histories (Army Form B 179), and medical history sheets (Army Form B 178), will be sent to the medical officer in charge of the station hospital for transmission to the Officer Commanding, when authority has been received from the Adjutant-General for their discharge. To facilitate reference, the detailed medical history (Army Form B 179) of each invalid will be duly completed with the required information according to the instructions detailed on the form. **Disposal of detailed medical histories.**

1019. The summary of causes of invaliding, or remarks on remand to regiment, station, or depôt, will be made on the fourth page of the detailed medical history, and will be signed by the Principal Medical Officer. **Remarks on fourth page.**

Preparation of the detailed medical histories.

1020. The detailed medical histories of invalids will be prepared by the medical officers under whose care the cases may be; but the medical officer in charge of the hospital will verify all the statements in the documents, countersign them, and become responsible for their correctness in every particular, before he transmits them to the Principal Medical Officer of the district.

Importance of the information required.

1021. The information required in the detailed medical history being very essential in order to secure a proper treatment and disposal of the invalid, as well as to adjust correctly his claim on the bounty of the public, medical officers will be exceedingly careful in the preparation of this document, and will enter all such particulars as may aid in the attainment of the ends desired.

Statements to be concise.

1022. The medical reports to be entered on the discharge documents of every invalid must be concise statements of the cases, and in strict accordance with the instructions detailed on the various forms. Particularly the inspecting medical officer will verify and sift the statements in answer to questions on Army Form B 248.

Testimony of invalid, and information gained from other sources.

1023. In all statements made by a medical officer in these medical histories and reports, he will carefully distinguish between the unsupported testimony of the invalid, or of others, and the result of his own observation, or of a reference to authentic documents, military and medical.

Cases of epilepsy.

1024. Before a soldier is brought forward to be invalided for epilepsy, a certificate from a medical officer, stating that he has actually seen the man in a true epileptic fit, is required, and will be attached to the detailed medical history.

Invalids referred back by a Medical Board.

1025. An invalid who has been referred back by a Medical Board for further treatment, or is considered fit for service, will not be again brought forward for invaliding until the expiration of six months from the date of examination by the Board.

Detailed medical history to accompany foreign invalids.

1026. In the case of invalids sent home from foreign stations for change of air or discharge, the detailed medical histories and medical history sheets will, in accordance with paragraph 101 of these Regulations, be handed over to the medical officer proceeding in charge, in order that he may be acquainted with the nature of the cases under his care, and also that he may continue, on the space assigned for that purpose, the history of the progress and the treatment of each invalid up to the date of his arrival at the invalid depôt. The medical report, on Army Forms B 268 and O 1724, will not be filled up until the men are finally disposed of at home.

1027. When invalids are sent home from foreign stations (except India), a nominal return, briefly recording their disabilities, will be made on Army Form B 172 (Embarkation Return of Invalids). This return will be furnished in duplicate—one for the commanding officer, and one to accompany the invalids to Netley. Return of invalids from foreign stations excepting India.

1028. Attention is directed to paragraphs 233, 237, and 243, Section XIX, Queen's Regulations and Orders for the Army.

1029. The following instructions here republished from paragraph 245, Section XIX, Queen's Regulations and Orders for the Army, are to be observed in dealing with insane soldiers :— Insane soldiers.

"(a) An insane soldier, whether at home or abroad, should, as a rule, be attended, by the medical officer who has been accustomed to treat him, till the case has been clearly diagnosed, as such medical officer, from knowing the probable origin and causes of the attack, is considered the most competent to treat the disease in its earlier stage.

"(b) If, after such period of treatment, the patient should not recover, or if, in consequence of exceptional circumstances which do not admit of delay, it be desirable to remove him at once from the hospital in which he has been under observation, application should be made by the medical officer in charge to the Director-General, or to the Principal Medical Officer, if abroad, or in Ireland, for permission to transfer the insane soldier to an asylum, or to any establishment in which lunatic wards exist.

"(c) Such applications should be accompanied by an abstract of the case, drawn up in accordance with the instructions laid down in the Medical Regulations, together with a copy of the soldier's medical history sheet, and a statement of the reasons which induce the medical officer in charge of the case to believe that, if discharged, he will not be able to re-enter the service. On receipt of the documents by the Director-General, if at home, or by the Principal Medical Officer, if abroad or in Ireland, the necessary instructions will be issued for the disposal of the case.

"(d) Insane soldiers at home are not to be brought before an invaliding Medical Board, or removed to an asylum, without the sanction of the Secretary of State if in England or Scotland, or if

in Ireland the General Officer Commanding the Forces there."

"(*e*) Any insane soldier who has been one month at a civil lunatic asylum should be brought forward for discharge."

Detailed information required in cases of mental disability.

1030. The detailed information to be supplied in cases of mental disability, is as follows:—

1st. Name. Regiment or Corps. Regimental No.
2nd. Age. Length and places of service.
3rd. Place of birth. Names and residences of nearest surviving relatives.
4th. Social state, married or single.
5th. Temperament.
6th. Character, especial regard being paid as to whether temperate or otherwise.
7th. Form of mental disorder.
8th. Whether a first attack?
9th. Duration of present attack.
10th. Whether the attack was sudden or insidious? If the latter, mention any peculiarity of behaviour or change in habits which preceded it.
11th. Whether insanity was preceded or accompanied by any particular illness, as fever, rheumatism, syphilis, &c.?
12th. What are the supposed causes (moral or physical) of the attack? Whether the patient has suffered from sunstroke, concussion, or injury of the head?
13th. Whether any hereditary predisposition exists.
14th. When are the particular ideas or actions which have induced the belief of insanity?
15th. Whether the disease is complicated with epilepsy or paralysis, with homicidal or suicidal impulses? If suicidal tendency exists, mention the way in which self-destruction has been attempted.
16th. Whether the patient is noisy, dangerous, mischievous, or given to steal? Whether his habits are cleanly or dirty?
17th. What treatment has been adopted since invasion of disease?

In designating the particular form of mental unsoundness that a patient labours under, the terms used in the official Nomenclature of Diseases will be strictly adhered to.

Preparation of docu-

1031. In preparing the documents connected with insane soldiers the following instructions will be strictly

carried out. The questions in the detailed information will be answered by the medical officer who has been treating the case; but the medical officer in charge of the hospital will carefully investigate and verify the statements made, and will countersign the document. The medical officer in charge of the hospital will invariably himself furnish the certificate of his opinion as to the man being able or unable to re-enter the service if discharged. ments of insanes.

1032. In transmitting documents connected with an insane soldier, the medical officer in charge will state in a covering letter how he recommends the case should be disposed of, and the Principal Medical Officer, in forwarding the documents to the Director-General, will also invariably submit his opinion as to its disposal. Recommendations as to disposal of insanes.

1033. Recommendations as to disposal may be either one of three, in accordance with Section XIX, Queen's Regulations, viz., that the man may be discharged locally, as a harmless lunatic (paragraph 247), or as a dangerous lunatic (paragraph 248), or be transferred to an asylum or to a hospital where lunatic wards exist (paragraph 245); in either case it is essential that the lunatic be examined by a Medical Board before such discharge or transfer. Recommendations of three kinds.

1034. Whenever it may be deemed advisable by the medical officer in charge and the Principal Medical Officer to discharge locally soldiers suffering from mental disease who are believed to be lunatics not dangerous to themselves or the public, the medical officer will first take steps to ascertain, through the regimental military authorities, whether in the event of discharge the friends are willing to receive the sufferers (the reply will be attached to the other documents), as, failing the friends, the parochial authorities must take charge of them in accordance with Section XCI, Army Act, 1881, and paragraph 247, Section XIX, Queen's Regulations and Orders for the Army, 1883. Insane soldiers discharged locally.

1035. Insane soldiers transferred, under authority from the Adjutant-General, from one hospital to another, or sent to their friends, will be accompanied by an escort, consisting of not less than one non-commissioned officer and two men, which will be furnished by the nearest military authority on the application of the medical officer in charge. Escorts, how furnished.

1036. When insane soldiers are discharged from hospital, they will invariably be removed in the presence of a medical officer, who will be responsible that they are dressed with due regard to health and comfort, and will instruct the escort as to the peculiarities of the patients Precautions on removal of insanes.

particularly as to whether they have displayed suicidal or homicidal tendencies.

Insane wives of soldiers.

1037. The insane wives of soldiers will, on arrival from foreign stations, be immediately sent to their parish, and placed under the care of the parochial authorities. Pending these arrangements being carried out, the Principal Medical Officer will make local arrangements for their safety and care, after reference to the General Officer Commanding.

Insanes on board mail ships.

1038. When insane officers or soldiers are to embark on board any Royal Mail steamship, communication will be made to the agents as soon as possible, and the insane patients will, whenever practicable, be accompanied on board the ship by a medical officer, who will explain the case or cases to the commander and surgeon of the ship.

Invalids not in charge of army medical officers.

1039. When invalided officers or soldiers not in charge of an army medical officer are embarked on board any vessel, a medical officer will be detailed to accompany them on board, and to explain the nature of their cases to the commander and surgeon of the vessel.

Transfers from out-stations.

1040. When men are sent from out-stations to head-quarters to be invalided, they will not be shown as transfers from one hospital to another, unless at the time of transfer they are under treatment in hospital.

SECTION IV.—MEDICAL EXAMINATION OF 1st CLASS ARMY RESERVE.

Classification, as to fitness.

1041. Medical officers, when charged with the duty of the annual medical examination of the 1st Class Army Reserve, will record their opinion in each case in one of the following terms :—

(*a*) Fit for general service.
(*b*) Fit for home service.
(*c*) Temporarily unfit.
(*d*) Permanently unfit.

Men permanently unfit.

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1042. Men who are reported as "permanently unfit," will be brought forward for discharge as invalids, and in such cases the examining medical officer will fill in the certificate on Army Form B 248, to accompany the discharge documents. The signature of a second medical officer will not be required.

PART 6.—SANITARY REGULATIONS.

Section	I.—General Sanitary Duties.
,,	II.—Personal Hygiene of Troops.
,,	III.—Vaccination.
,,	IV.—Precautions in Barracks, Quarters, and Hospitals.
,,	V.—Infectious Diseases.
,,	VI.—Garrisons, Camps, and Stations.
,,	VII.—Movements of Troops by Sea.
,,	VIII.—Service in the Field.
,,	IX.—Books, Returns, Correspondence, &c.
,,	X.—Meteorological Observations.

SECTION I.—GENERAL SANITARY DUTIES.

Sanitary duties of the Medical Staff.

1043. The Officers of the Medical Staff are charged not only with the medical care of the sick, but with the duty of recommending to General and other Officers Commanding, verbally or in writing, any precautionary or remedial measures relating to barracks, encampments, garrisons, stations, hospitals, transports, diets, dress, drills, and duties as may, in their opinion, conduce to the preservation of the health of the troops, and to the mitigation or prevention of disease in the army. In the event of verbal representations not meeting with attention, executive medical officers will make representations in writing on the subject to Officers Commanding, forwarding copies of the correspondence to the Principal Medical Officer.

SECTION II.—PERSONAL HYGIENE OF TROOPS.

Periodical inspection for detection of disease.

1044. Medical officers doing duty with troops will inspect the men under their charge weekly for the detection of itch, cutaneous complaints, ocular disease, ulcers, and any ailments indicated by the countenance or skin, as fever, small-pox, scurvy, &c.; and will immediately adopt such precautionary measures as may appear to be requisite. Men with itch will, if possible, be placed in a separate room, or in a tent, when the season will permit.

Venereal disease.

1045. On the first arrival of troops at stations in the United Kingdom to which the Contagious Diseases Act applies, or on their return from furlough, and also on disembarkation at any colony where there is a local ordinance or law in force for the prevention of venereal disease, they will be examined with a view to prevent the introduction of such disease. The medical officer will be careful to bring to the notice of the Officer Commanding any men who have delayed reporting themselves when so diseased.

Personal cleanliness.

1046. The medical officer will satisfy himself that the personal cleanliness of the men is properly attended to.

Gymnastics and games.

1047. He will visit periodically all grounds or places set apart for the physical training of the troops, or for games or amusements, and will give his advice on such matters, and also on the kind and amount of gymnastic exercises best suited to improve the health of the men.

Cooking.

Canteen water supply.

1048. He will, from time to time, examine the quality of articles of food and drink sold in the canteens, as well as the ventilation of the canteens themselves. He will examine the cooking, and ascertain whether it be sufficiently varied; likewise the quality and amount of drinking water. He will also ascertain whether wells and other supplies of water are protected from soakage from latrines, cesspools, drains, and other sources of impurity.

SECTION III.—VACCINATION.

Vaccination Registers.

1049. At every general, station, or other hospital where vaccination is carried out, a Vaccination Register (Army Book 28) will be carefully kept, showing the results of vaccination and re-vaccination among men, women, and children of corps in the station.

Vaccination returns from hospitals.

1050. Every medical officer in charge of a general or station hospital will compile from the Vaccination Register, or Registers, an Annual Return, with explanatory remarks, on Army Form A 33, showing the result of vaccination and re-vaccination carried out at the station during the year.

Vaccination Returns from P.M.O.

1051. Principal Medical Officer will compile from the returns from hospitals an Annual Return, on Army Form A 32, showing the state of vaccination within their districts and commands.

Certificates on vaccination from corps and detachments

1052. Medical officers doing duty with corps and detachments will, once a year (in March), make an inspection for vaccination marks of every man, woman, and child under their care; and will furnish a certificate by the 1st April, to the Principal Medical Officer for the information of the Director-General, showing the results of the inspection, and what steps had been taken for re-vaccinating those not showing marks of small-pox or of sufficient vaccination.

Recruits to be vaccinated.

1053. Every recruit, except those bearing distinct marks of small-pox, will be vaccinated on joining the headquarters or depôt of the corps to which he belongs, unless the operation is certified to have been already successfully performed subsequently to his enlistment.

Record in medical history sheets.

1054. The medical history sheet of every soldier will furnish information whether he has been re-vaccinated, and medical officers will carefully examine the sheets when they come into their possession, and re-vaccinate those cases where no such record exists, except men bearing distinct marks of small-pox.

Repeating vaccination.

1055. When a man has been successfully vaccinated or re-vaccinated on or after his entry into the service, it

will not be necessary to repeat the operation at any subsequent time during his period of service with the colours.

1056. Militia recruits on joining the headquarters of a regimental district for preliminary drill will be vaccinated, except in the case of those bearing distinct marks of small-pox ; a separate Vaccination Register (Army Book 28) will be kept for Militia recruits. Vaccination of Militia recruits.

1057. Medical officers will re-vaccinate not only the wives of all soldiers on the married establishmint, but also, as far as possible, as a measure of public safety, the wives of soldiers married but not on the married roll ; and all soldiers' children will, as a rule, be re-vaccinated whenever ten years have elapsed since the date of their having been vaccinated. Revaccination of soldiers' wives and children.

1058. The direct method of vaccination will be had recourse to whenever practicable, in preference to that by lymph from tubes or points ; it being understood, however, that in vaccination from arm to arm, or in re-vaccination, the lymph is not to be taken from adults nor from a re-vaccination. Source of lymph.

1059. When re-vaccination has failed, the operation will be repeated with lymph from another source when practicable, and in the event of the operation still proving unsuccessful, the names of the individuals will be recorded, with a view to their being re-vaccinated at some subsequent date. Failure in re-vaccination.

1060. In re-vaccination the necessary punctures will be made in not less than two places, and where the evidence of original vaccination is indistinct, or single, three punctures will be made. Punctures in re-vaccination.

1061. Medical officers will endeavour to keep up vaccination in their stations from arm to arm of infants, and by the preservation of lymph in tubes or points ; but should the supply from such sources fail, or became deteriorated, they will make application for a new supply, through the Principal Medical Officer, to the Director-General, Medical Staff. Supplies of vaccine lymph.

1062. The vaccination certificates of soldiers' children on the form given by the civil registrars to parents on the registration of birth, will, after completion by the medical officer, be transmitted by him direct to the Registrar of Births, and not given back to the parents. Civil vaccination certificates of infants.

1063. Whenever small-pox is prevalent, medical officers in charge of corps or detachments will exercise more than ordinary care and attention in regard to the condition of vaccination among the men, their wives and children. Inspection during prevalence of small-pox.

Special report of cases of small-pox and notice in the Weekly Return.

1064. All cases of small-pox, whether among officers, men, women, or children, will be immediately specially reported to the Director-General, specifying the name and age of each individual, with the dates and results of the operations of vaccination and re-vaccination in each case, and whether the individual bears satisfactory marks, and the number thereof. All cases of small-pox will also be invariably noticed in the remarks appended to the Weekly Return of Sick.

Special note of small pox cases not bearing marks of vaccination.

1065. If the case of small-pox be in a soldier, and no marks of vaccination exist, the fact will be mentioned in the said report, with a statement showing the date of his joining his corps, and the depôt or station from which he joined.

Small-pox Register.

1066. All cases of small-pox will be entered in the Register (Army Book 28).

SECTION IV.—PRECAUTIONS IN BARRACKS, QUARTERS, AND HOSPITALS.

1067. Before any new barrack or hospital is erected, the plans and site will be submitted to the Director-General for approval, in so far as regards the healthiness of the buildings. Approval of plan and site of barracks and hospitals.

1068. Before any building is taken possession of for hospital purposes, the Sanitary or other Medical Officer nominated to inspect it will, in communication with the Commissariat Officer, or a Board of Officers if appointed, make a careful sanitary inspection of the building and its vicinity, noting the condition of external and internal drainage, water supply, ventilation, limewashing, and general cleanliness; the number of beds the building is capable of containing, the number and size of windows, doors, and fireplaces, the amount of light, the state of latrines, or water-closets, as well as all other matters likely to affect the health of the inmates or the purity of the air in the wards. Inspection of buildings for hospitals.

1069. He will report to the Officer Commanding the district or station, the results of such inspection, and make any necessary recommendations for removing defects. In the case of buildings for hospitals selected for temporary occupation, the Officer Commanding will, forthwith, direct the recommendations of the medical officer to be carried out, unless he disapproves of them, in which case he will state in writing his reasons for dissenting, and immediately transmit both the reasons and recommendations to superior authority. Recommendations after the inspection.

1070. The medical officer will at the same time transmit a copy of the report to the Principal Medical Officer, stating the steps taken to carry out his recommendations; and the Principal Medical Officer will, forthwith, forward the report to the Director-General, with any remarks he may have to make on the same. Copies of report to be sent to Principal Medical Officer.

1071. The minimum space fixed for each bed in any permanent hospital is 1,200 cubic feet at home and in temperate climates, and 1,500 cubic feet, or as may be specially authorised for each command at stations in Cubic space to be allowed in hospitals.

tropical climates. When hospitals are not fully occupied, the sick will be distributed so as to give, as nearly as may be, the amount specified. The monthly average cubic space for each man during the year will be stated in the annual return. The number of beds which each ward is capable of containing in accordance with these measurements will be recorded on Army Form K 1251, and will not be increased without the sanction of the Secretary of State. In detached wooden huts in temperate climates the minimum of space will where possible be 600 cubic feet for each bed. The number of beds in each hut will also be recorded on Army Form K 1251.

Lighting and warming.

1072. All rooms and wards will be sufficiently warmed and lighted, according to the weather and season, as directed by regulation.

Vicinity and condition of hospital.

1073. The medical officer will see that the vicinity of the hospital is preserved in a good sanitary state; that the surface is properly drained and swept daily; that there are no nuisances; that the water supply is good and abundant; that the water-closets and latrines are in an efficient state; that the drainage is not obstructed; that the ventilation of the wards is at all times efficient; that the hospital is kept in a proper state of repair; that the walls are frequently limewashed, and cleansed by scraping if necessary, that the flooring, staircases, &c., are kept clean, and that the floors of the wards are only washed by his special direction.

Distance of beds.

1074. The medical officer will see that the beds in barracks and hospitals are placed in accordance with the instructions contained in Section XV, paragraph 15, Queen's Regulations and Orders for the Army.

Inspection of hospital filters.

1075. An inspection of all filters in use in hospitals will be made monthly under the direction of the medical officer in charge, who will cause them to be cleansed and adjusted in accordance with instructions issued with the filters. Should any filters appear to be out of order an inspection will be made at once. The necessary supplies of granulated charcoal will be obtained on requisition in the usual manner.

Inspection of barrack filters.

1076. All filters in use in barracks will be inspected once in three months by a medical officer, under the direction of the Officer Commanding at the station, and reports will be made to the latter officer, as to whether the filters are kept clean and in good order, or otherwise.

Cubic space [illegible] man in

1077. The cubic space for men in barracks and huts is, in accordance with paragraph 316, Allowance Regulations,

as follows: in barracks at home, 600 feet; in wooden huts, 400 feet per man.

1078. Medical officers will ascertain whether the cubic space allowed in hospital, barrack, and guard rooms, is in accordance with the regulations, and the number of men in occupation as recorded in Army Form K 1251.

Whether in accordance with regulation.

1079. The medical officer doing duty with troops will satisfy himself that every barrack, guardroom, and cell is suitably lighted and provided with sufficient means of ventilation to keep the air in a pure state by night as well as by day; that married soldiers' quarters, schools, reading-rooms, canteens, kitchens, wash-houses, lavatories, urinals, and latrines are suitably ventilated and lighted; that the means of ventilation provided for any barrack, guard-room, or cell, or for any school, reading-room, canteen, kitchen, wash-house, lavatory, urinal, or latrine are in efficient operation. He will further satisfy himself that the apertures intended specially for ventilation are never allowed to be blocked up; that the windows of every barrack room are opened sufficiently to allow of a free ventilation as soon as the men have risen, and that they are kept open to such extent during the day as the weather and season may admit; that the beds and bedding are freely exposed to the air as laid down in the Queen's Regulations (Section XV, paragraphs 16 and 17), that the walls and ceilings of barracks or quarters are lime-washed in accordance with existing regulations, and that the walls are scraped at intervals.

Ventilation and lighting.

Barracks to be lime-washed.

1080. When a regiment or a detachment is billeted, the medical officer will visit the men's quarters to ascertain that they are in a good sanitary condition, and that the apartments allotted are sufficiently warmed and ventilated, and not overcrowded; also that the bedding is clean and dry.

Inspection of quarters in billets.

1081. The medical officer will visit all quarters, guard-rooms, cells, married soldiers' quarters, canteens, and every other portion of the barracks, at least once a week, to examine their general sanitary condition and cleanliness, in accordance with Section XV, paragraph 19, Queen's Regulations. He will keep notes in his sanitary diary (Army Book 39) of all such examinations, stating whether the results were satisfactory, and recording the defects discovered and the representations made, verbally or in writing, to the Officer Commanding, together with the result of such representations.

Sanitary inspection barracks and hospitals by medical officer.

SECTION V.—INFECTIOUS DISEASES.

Hospital bedding.

1082. Hair mattresses, bolsters, and pillows will be used in all hospitals, except for cases of cholera, or of diarrhœa when cholera is prevalent, and in such cases it is advisable that the barrack bedding be used; the latter should therefore accompany such sick to hospital, and when no longer required for use the straw thereof will be burnt, and the bedding, hospital clothing, and such of the clothing worn by the patients on their admission as is not liable to injury by disinfecting processes, disinfected by such means as may be practicable. The articles will then be steeped in boiling water, and afterwards washed with soap and water.

In cholera casesbarrack bedding to be used.

Kit of such patients to be fumigated.

1083. In cholera cases such articles of a soldier's kit as cannot be steeped and washed will be removed to hospital, fumigated, and exposed to the air and sun for a week, beaten, and brushed.

Special instructions regarding cholera.

1084. During the prevalence of cholera, or when an outbreak of that disease is anticipated, medical officers will conform to the special instructions on the subject printed in the Appendix No. 5.

Infectious diseases. Sanitary precautions.

1085. When any infectious diseases occur among the occupants of officers', non-commissioned officers', or married soldiers' quarters, or in barrack rooms, the bedding, clothing, &c., used by patients suffering from such diseases will as a sanitary precaution be treated according to the instructions contained in paragraph 1092.

Scarlet fever in quarters.

1086. When a case of scarlet fever or diphtheria occurs in quarters, the following additional sanitary precautions will be carried out:

(*a*) The rooms will be vacated, and the windows kept open for as long a time as practicable to insure thorough ventilation.

(*b*) The furniture, floors, and all painted woodwork will be scrubbed.

(*c*) The bedding, clothes, carpets, &c., will be thoroughly cleansed and disinfected before further use.

(*d*) The ceilings will be whitewashed.

(*e*) The walls, if papered, will be re-papered on a certificate that such is necessary by the Principal or Senior Medical Officer, the old paper being first carefully scraped off. If not papered, they will be scraped and finished as before.

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1087. The medical officer attending the case will represent in writing to the Brigade Major or to the Officer Commanding the steps required to be taken under sections *a*, *b*, and *c*, paragraph 1086. **Medical officer to represent.**

1088. The Officer Commanding will give the necessary instructions for the performance of the services. **Officers commanding will give instructions.**

1089. The services alluded to in sections *d* and *e*, paragraph 1086, will be carried out by the Royal Engineer Department on a certificate in writing from the Principal or Senior Medical Officer. **Royal Engineer Department to carry out.**

1090. The re-papering, colouring, and whitewashing will be restricted to the room in which the case shall have occurred. **Restriction of re-papering, &c.**

1091. When considered advisable, in consequence of the occurrence of infectious disease in barrack or quarters, the room in which the case occurred will be vacated, thoroughly cleaned, and limewashed, and left unoccupied, with the windows open as long as practicable; when, in addition, it is deemed necessary in the first instance to fumigate the room, one of the processes detailed in Appendix 7 of these Regulations will be adopted. **Disinfecting of rooms and quarters.**

1092. Of the barrack bedding used by sufferers from infectious fevers or itch prior to admission into hospital, the straw will be burnt, and the bedding, together with the clothing belonging to the patients but not actually in use, will, if not liable to injury thereby, be disinfected by heat or subjected to the process of boiling when practicable, or be immediately steeped in boiling water, without removal to hospital. The articles will then be handed over to the Commissariat Department for the purpose of being exposed to the air and subsequently washed. **Disinfection of Barrack bedding and clothing of patients.**

1093. Hospital bedding, clothing, &c., used by patients suffering from fevers of infectious character, will be treated as follows:— **Hospital bedding, how disinfected. &c.**

(*a*) The hair of the mattress, &c., will be opened out, exposed to the air, and beaten, and, when practicable, submitted to a heat of not less than 212° F., for at least two hours; the remainder of the bedding, hospital clothing, and such of the clothing worn by patients at their admission as is not liable to injury thereby, will also be disinfected by heat or chemicals, steeped in boil-

ing water, exposed to the air, beaten, and afterwards washed with soap and water. Boiling the articles instead of steeping them in boiling water is preferable when it can be done, in which case or where dry heat has been employed, disinfection by chemicals will not be necessary.

(*b*) Such articles of a soldier's kit as cannot be treated in the manner laid down in the foregoing paragraph will be removed to hospital, fumigated, and exposed to the air and sun for a week, beaten and brushed.

Yellow fever in barracks or quarters.

1094. After the occurrence of a case of yellow fever in any barrack, the room or quarter in which the case occurred will be vacated, disinfected, and limewashed. The floors will be well scoured and the paint well washed with soap and warm water. Before the room or quarter is re-occupied the windows will be left open for as long as practicable, to secure thorough ventilation.

Fumigation, processes of.

1095. When fumigation is considered to be necessary one of the processes laid down in Appendix 7 of these Regulations will be adopted. Care should be invariably taken that sufficient quantities of the various agents are used; the several quantities laid down are respectively sufficient to disinfect 1,000 cubic feet of space.

How carried out.

1096. All processes of disinfection by fumigation will be carried out under the order, and supervision of a medical officer, and, if possible, by the subordinates attached to a hospital; an experienced non-commissioned officer will always attend to guard against danger.

Precautions against fire.

1097. Sulphur will only be burned in a metal vessel, and before it is used all inflammable material will be removed from the neighbourhood of the vessel, and in tents the grass will be cut, so as to guard against fire.

Material, how obtained.

1098. All materials for processes of fumigation or disinfection will be obtained on requisition from the Commissariat Department; lime will be obtained from the Royal Engineer Department.

Cleaning rooms prior to re-occupation.

1099. If any expense in cleaning quarters or rooms prior to re-occupation be incurred it will be provided for by the Commissariat Department.

Outbreak of infectious disease.

1100. On the outbreak of any infectious disease the circumstances will be immediately reported to the Officer Commanding the station and to the Principal Medical Officer of the district or command (see paragraph 967).

Ambulance for cases of *infectious disease.*

1101. When it is necessary to move a case of infectious disease to hospital, the medical officer in attendance will make immediate application to the Commissariat for an

ambulance to convey the patient to hospital, at the same time stating the nature and urgency of the case; the ambulance or other conveyance will be disinfected before being again used.

Destruction of articles on sanitary grounds.

1108. When, on sanitary grounds, the destruction of any article whatever of public or private property is deemed absolutely necessary, the medical officer concerned will report to the military authorities the circumstance, in order to obtain covering authority for carrying out the destruction; but in cases where delay would involve risk or danger to the troops, the medical officer will act on his own responsibility, and be prepared to justify his action in the matter afterwards in making application for covering authority.

SECTION VI.—GARRISONS, CAMPS, AND STATIONS.

Appointment of sanitary officer.

1103. In garrisons, camps, and stations, where a special Sanitary Officer has not been appointed, the Principal or Senior Medical Officer will perform the duties of sanitary officer.

Sanitary state of garrison or station to be supervised.

1104. He will exercise general supervision over the sanitary condition of all parts of the garrison, camp, or station, and its vicinity, as regards drainage, cleanliness, removal of nuisances, water supply, overcrowding, ventilation, limewashing, lighting of barracks and hospitals, the state of latrines, and all other matters affecting the health of the troops.

Precautions to be recommended to Commanding Officer.

1105. He will represent any defects in the same, together with his recommendations thereon, verbally or in writing, to the Officer Commanding the troops. In like manner the medical officer doing duty with any regiment or detachment will represent and recommend to the Officer Commanding, verbally or in writing, whatever he may consider necessary for protecting the health of the troops, whether as regards the abatement or removal of local causes of disease, or as to any alteration of diet, clothing, drills, or duties. If any verbal representation is not complied with, the Principal or Senior Medical Officer or medical officer doing duty will make a representation in writing on the subject to the Officer Commanding.

Measures for preventing epidemic diseases to be recommended.

1106. Should any epidemic disease appear in any garrison, camp, or station, the Principal or Senior Medical Officer will immediately inquire into its cause, and in communication with the medical officers in charge thereof will, if necessary, recommend in writing to the Officer Commanding the station such measures of precaution as may be requisite. In the case of regiments or detachments, similar written representations will be made to the Officer Commanding the troops by the medical officer doing duty with the troops.

Chemical examination of water.

1107. Whenever there is reason to suppose that the water supply at any military station is of such a character

as to be likely to injuriously affect the health of the troops, the course laid down in Appendix 8 of these Regulations, relating to the examination of samples of water, will be followed.

Reports of epidemic disease.

1108. The occurrence of epidemic disease among troops will be at once reported by the Principal Medical Officer to the Director-General, and periodical reports made during its continuance.

Copies of recommendations to be sent to Principal Medical Officer and Director-General.

1109. Medical officers in charge of hospitals and doing duty with troops will transmit to the Principal Medical Officer in garrisons, camps, and stations, and also to the sanitary officer, with an army in the field, copies of all written recommendations they may have considered it necessary to make for protecting the health of troops. Except when an army is in the field, they will also send copies of such recommendations, stating the results, to the Director-General. When medical officers deem it necessary to forward any suggestions of a sanitary nature to the Director-General, they will, in accordance with Section XIV, Queen's Regulations and Orders for the Army, invariably furnish a copy to the Officer Commanding the troops.

SECTION VII.—MOVEMENTS OF TROOPS BY SEA.

Inaccordance with Queen's Regulations.

1110. The sanitary measures connected with the movement of troops by sea will be carried out in accordance with Section XVII, Queen's Regulations and Orders for the Army.

Preliminary inspection for contagious diseases.

1111. Every soldier, woman, and child about to embark will be carefully examined by a medical officer on the day of departure, or, if the military arrangements will not admit of this, on the day previous, with a view to prevent any individuals showing symptoms of contagious disease proceeding on board ship. All soldiers' families under orders to proceed to a foreign station should be under medical observation for some weeks before embarkation. Every woman and every child above three months old must be vaccinated before proceeding to embark, unless already bearing satisfactory marks of vaccination (see paragraph 81).

Embarkation of soldiers' wives in a pregnant state.

1112. Soldiers' wives who are within three months of their confinement will not be allowed to embark, either at home or abroad, in Her Majesty's troopships, or in transports, or in mail or contract steamers, or other vessels, and the husbands of such women will be detained with them. The matrons of hospitals for soldiers' wives will, when available, assist the medical officer in ascertaining the actual condition of women about to embark.

Certificate of fitness of officers' wives and families.

1113. The wives of officers proceeding in troopships, or in any vessel conveying troops, will be required to produce a certificate, either from their ordinary medical attendant or from a medical officer, showing that they (and their children and servants if accompanied by them) are free from infectious disease and in all respects medically fit to embark. The certificate will be handed to the military officer superintending the embarkation, and by him (in the case of one of H.M. ships) to the naval paymaster, before the ladies pass to their berths.

Inspection of hired troopships.

1114. When a ship is engaged wholly or partially for the conveyance of troops, the inspections prescribed in

Section XVII, of the Queen's Regulations and Orders for the Army, will be held, and the Senior Medical Officer on the spot, and, if practicable, the medical officer in charge of the troops, will attend the inspections and report upon the sanitary condition of the ship and on the arrangements made. When invalids are to be embarked the Senior Medical Officer will satisfy himself that there is a due proportion of medical officers and attendants according to the number and state of the sick.

Reports of inspection.

1115. Should the inspecting medical officer discover any defects likely to affect injuriously the health of the troops or the sick during the voyage he will make his remarks accordingly on the report of inspection; and he will forthwith report the circumstances in writing in such detail as he may consider necessary to the Officer Commanding at the port, transmitting a copy to the Principal Medical Officer on the station, who will forward the same with his remarks to the Director-General.

Inspection for venereal disease after embarkation.

1116. When soldiers are embarked for foreign service the medical officer in charge will, the day following the embarkation, make an inspection of all (except warrant, non-commissioned officers and married men) for venereal disease, and will take into hospital those found to be suffering therefrom (see paragraph 81).

Guard against landing venereal disease.

1117. Whenever a disembarkation takes place at any colony where there is any law or local ordinance in force for the prevention of venereal disease, the medical officer detailed to visit and inspect the vessel will ascertain whether the medical officer in charge has inspected the troops with a view to detect and guard against the introduction of these diseases. He will report the results of his inspection of the vessel to the Principal Medical Officer for transmission to the Director-General, with the return of sick on board ship, Army Form B 182.

Sanitary inspection on hired transports.

1118. The medical officer in charge of troops and sick on hired transports will, during the voyage, keep a constant watch over the ventilation and cleanliness of the ship, the cleanliness of the water-closets, the condition of the bilge, and over all other matters likely to affect the health of the troops or sick. Should defects arise in any of these matters, he will immediately represent the same to the Officer Commanding on board, with such recommendations as he may consider necessary (see paragraph 103 (*e*)).

Limejuice ration.

1119. After troops have been eight days at sea, or whenever the medical officer deems necessary, lime juice and sugar will be issued with the daily ration, according to the scale of victualling which is to be seen on board.

Reports and sanitary suggestions on board ship.

1120. Medical officers in charge of troops on board a hired ship, deeming it necessary to make any statement animadverting upon the sanitary arrangements, or the supplies on board, will address such report to the Officer Commanding the troops, submitting a duplicate to the Principal Medical Officer at the port of disembarkation. Copies of any adverse remarks embodied in the usual report of sick must also be invariably furnished to the Officer Commanding. The sanitary arrangements on board Her Majesty's troopships rest with the naval medical officer, under the commander, but should the medical officer in charge of the troops consider it necessary to make any suggestions on the subject, he will make his report to the Officer Commanding the troops. Whenever scurvy or any infectious disease has made its appearance amongst the soldiers or their families during a voyage, the medical officer in charge, on landing, will make a special report of the circumstance to the military and medical authorities at the port of disembarkation (see paragraph 103 (*e*)).

Inspection of ship's crew. on hired transports

1121. When a ship has been taken up by the Admiralty for the conveyance of troops, either as a transport or a troop freight ship, a medical officer (if possible the medical officer who is to have charge of the troops) will make a careful inspection of the ship's crew at the time of the "first inspection" of the vessel, and will immediately inform the naval inspecting officer of the result, reporting the same to the Principal Medical Officer.

Medical charge of crew.

1122. The medical officer in charge of troops on board transports and troop freight ships will take medical charge of the ship's crew also, when the ship does not carry a surgeon, and will supply medicines, &c., for their use from the public stock on board; he will have a general sanitary supervision over the ship, and will make inspections of the quarters occupied both by the troops and by the crew.

SECTION VIII.—SERVICE IN THE FIELD.

1123. Before an army takes the field, the Director-General, in addition to the information and advice usually tendered to the War Department on matters connected with the hospital arrangements of the army, will, on the requirement of the Secretary of State for War or the Officer Commanding-in-Chief, give his opinion in writing on all matters connected with the country, climate, productions, rations, clothing, shelter, sanitary arrangements and precautions, and on all other matters bearing on the health of the troops. Duty of Director-General.

1124. The Director-General will recommend a competent medical officer to be appointed Sanitary Officer, who will be attached to the Quartermaster-General's department of the army. Director-General to appoint sanitary officer.

1125. The Director-General will issue to the Principal Medical Officer of every army on active service, such a code of instructions, for his guidance on all matters connected with the above, as he may see necessary to meet the specialities of each case. Director-General to issue sanitary instruction

1126. The Sanitary Medical Officer will accompany the Quartermaster-General, or such officer as the latter may appoint, in selecting buildings for the use of troops, whether as quarters, hospitals, or stables. He will examine into the sanitary condition of such buildings, as regards cleansing, nuisances, drainage, ventilation, lighting, water supply, limewashing, cubic contents, and into all other matters connected with the buildings likely to affect the health of the troops or of the sick. He will also advise the Quartermaster-General, or his deputy, on all such subjects, sending copies of all reports he may have considered it necesssary to make to the Principal Medical Officer in the field. He will point out in his reports any defect requiring remedy, and state the number of troops or sick which can be safely accommodated in the buildings. Sanitary officers to make inspections of buildings and to advi Quartermaster-General.

1127. He will further examine into the sanitary condition of towns or villages about to be occupied, and their neighbourhood; and will make recommendations for organising a proper sanitary police, for the preservation of cleanliness Also of towns and villages.

and removal of nuisances, as well as for the execution of such measures as he may consider necessary for protecting the health of troops in occupation.

Inspection of camp sites.

1128. On proceeding to select any site for an encampment the Sanitary Medical Officer will accompany the Quartermaster-General, or such other officer as the latter may appoint, on his inspection. The Sanitary Officer will give his opinion in writing, if necessary, on the salubrity or otherwise of the proposed position, with any recommendations he may have to make, respecting the drainage, the preparation of the ground, the distance of tents or huts from each other, the number of men to be placed in each tent or hut; the state of cleanliness of surrounding ground, ventilation, water supply; the position and regulation of latrines and slaughtering places; cleansing and disposal of refuse; burial of the dead and disposal of the carcasses of animals.

Water supply.

1129. He will, in communication with the officers of the Quaatermaster-General's or Royal Engineer Department, examine and report on the amount and quality of the water supply, point out the best sources of supply, and also indicate any precautions required in collecting, storing, purifying, and distributing water for use.

Drainage and ventilation of tents.

1130. A trench will be dug round each tent sufficiently deep to remove surface water and to keep the ground under the tent dry. This will be done in damp or wet ground, even if the ground be occupied only for one night.

Of huts.

1131. Before erecting huts the ground will be cleaned and levelled, and a trench dug round the site of the hut sufficiently deep to drain the site.

Erection of huts.

1132. Huts will neither have the earth dug up from the inside nor heaped against the outside: they will stand detached, and at a sufficient distance from each other, and from neighbouring higher ground, to allow a free circulation of air around them. In warm climates the floor will be sufficiently raised above the ground to allow of a free circulation of air beneath. The Sanitary Officer will be consulted on these points, also as regards the drainage of sites, and the warming and ventilation of huts and tents.

Sanitary officer to superintend sanitary arrangements.

1133. The Sanitary Medical Officer will superintend the sanitary arrangements of the camp and of occupied towns. He will see that the surface and vicinity of camps and towns are kept clean and free from nuisances; that defects of the surface drainage are remedied; that the dead are properly interred, and the carcasses of animals and offal properly buried or otherwise disposed of; that

latrines are properly regulated; and that the water supply is preserved in a state of purity.

To recommend precautions for preventing disease.

1134. He will inform himself as to the sanitary condition of hospitals, huts, tents, houses, and other buildings, in occupation, and will recommend, in writing, if necessary, such precautionary measures for the prevention of disease as he may think fit, as regards cleansing, draining, prevention of overcrowding, ventilating, lighting, lime-washing, removal of nuisances, improvement in water supply, and all other local matters affecting the health of the troops or the sick.

Camp police.

1135. The Sanitary Officer will report to the Quartermaster General any defects or negligence in carrying out the duties of the Camp Police.

Advice on rations, clothing, and shelter.

1136. The Principal Medical Officer of every army in the field will, in accordance with regulations, give advice, in writing, to the Commander of the Forces, in reference to rations, clothing, shelter, sanitary arrangements, and precautions for preventing disease, and on all other subjects bearing on the health and physical efficiency of the troops.

Instructions on taking the field.

1137. The Principal Medical Officer or Sanitary Officer of every army in the field will, with the sanction of the Commander of the Forces, immediately on the opening of a campaign, as well as at such other times as may appear to him to be necessary, issue such instructions regarding sanitary measures for protecting the health of the troops as he may consider requisite for the guidance of medical officers.

Daily inspection of camps.

1138. The Sanitary Officer will keep up a daily inspection of the camp, and especially inform himself as to the health of the troops. Immediately on being informed of the presence of disease he will examine into the cause of the same, ascertaining whether it proceeds from, or is aggravated by, defects in cleansing, drainage, nuisances, overcrowding, defective ventilation, bad or deficient water supply, dampness, marshy ground, or any other local cause; or from bad or deficient food, intemperance, unwholesome liquors, fruit, defective clothing or shelter, exposure, fatigue, or any other general cause.

Removal of insanitary condition.

1139. He will report immediately to the Quartermaster-General on such causes, and the measures he has to propose for their removal, sending a copy of all such reports to the Principal Medical Officer of the army. He will also daily report on the progress or decline of the disease, and on the means adopted for the removal of its causes, until no longer necessary to do so.

Sanitary regulations on line of march.

1140. When troops are on the line of march the Sanitary Officer or medical officer appointed by the Principal Medical Officer specially for such duty, will accompany the Quartermaster-General, or the officer acting under his orders, and collect in advance as much information as possible concerning the medical topography of the district, with special reference to places which ought to be selected or avoided for camping ground.

During epidemics.

1141. During epidemic seasons he will also indicate the best means of mitigating or preventing attacks of disease on the march.

Refreshments on march.

1142. Troops, before proceeding on the march, will be supplied with some refreshments, especially during epidemic seasons.

Sanitary reports to Director-General.

1143. The Principal Medical Officer of every army in the field will send to the Director-General, at such intervals as the Director-General may determine, full information on all subjects connected with the hygiene of the army, together with such recommendations for improving it as may be considered requisite.

Medical officers' reports to P.M.O. for information of Sanitary Officer.

1144. All Principal or Senior Medical Officers in charge of general hospitals, divisions, and brigades in the field will transmit to the Principal Medical Officer of the army, for the purpose of aiding the Sanitary Officer in his duties, full information as to the sanitary state of the troops and hospitals, and on all matters affecting the health and physical efficiency of the men, at such intervals as the Principal Medical Officer may appoint.

Sanitary officers' weekly reports.

1145. Sanitary officers attached to an army in the field, or to any general hospital at the base of operations, will draw up a Weekly Sanitary Report on the state of the army, or hospital, to be sent to the Surgeon-General of the Army Corps, for the information of the Commander-in-Chief of the Force. A copy of the report will be transmitted by the Surgeon-General immediately to the Director-General.

Clerks, forms, and stationery.

1146. The Sanitary Officer will be provided with clerical assistance, books, forms, and stationery, as laid down in Appendices 41, 42 and 46, of these Regulations.

SECTION IX.—SANITARY BOOKS, RETURNS, CORRESPONDENCE, &c.

1147. When any epidemic disease prevails among the civil population of any garrison, station, or camp, or the neighbourhood thereof, a report or memorandum on the subject will be forwarded with the Weekly Returns of Sick to the Director-General by the medical officer in charge.

Reports epidemic disease in garrison

1148. When any infectious or unusual amount of disease is prevailing among the troops or their families, either at home or abroad, or where there are any exceptional circumstances which, in the judgment of the medical officer in charge, require to be communicated to the Director-General, he will forthwith notify the same through the Principal Medical Officer, and continue to furnish a daily report on the progress of the disease and the sanitary state of the troops as long as may be necessary. It will not, however, be requisite under ordinary circumstances to report the occurrence of every case of infectious disease by letter, as the Weekly Return, on Army Form A 19 (Return of Admission and Deaths during an Epidemic), will suffice for that purpose. This return will be forwarded weekly by the Principal Medical Officer during the prevalence of epidemic disease; when more than one disease prevails epidemically at the same time, separate returns relative to each will be furnished; these will be discontinued after an interval of three weeks from the last admission.

Epidemic diseases among troops, in weekly returns.

1149. Every medical officer or civilian medical practitioner in charge of troops within the United Kingdom, or of a military prison, or military educational establishment, will furnish a Quarterly Sanitary Report, on Army Form C 344, made up to the last Friday of each quarter, to the Principal Medical Officer of the district, who will transmit them forthwith to the Director-General, together with a summary of the same (on C 344), made up in his own office. In the event, however, of the prevalence of infectious or other disease, dependent on defects of an insanitary kind,

Quarterly Sanitary Report home.

officers in medical charge will, for the time being, send in the sanitary report at the end of each month.

Quarterly report abroad.

1150. On foreign stations, similar reports will be furnished to the Principal Medical Officer of the command, and he will forward to the Director-General a general Quarterly Sanitary Report, on Army Form C 344, which will embrace a summary of all the reports of the medical officers under his superintendence; the reports themselves he will retain in his office.

Distribution returns.

1151. Both at home and abroad the Principal Medical Officer's Quarterly Sanitary Report will be accompanied by a Return showing the Distribution of the Troops and of the Sick on Army Form B 136.

Sanitary note-book.

1152. Army Book 39 will be used as a sanitary note-book.

Annual Sanitary Reports of P.M.O.

1153. The Principal Medical Officer will refer in his Annual Return of Sick, Army Form A 32, to the manuscript reports of the medical officers who may be specially appointed to take charge of the sanitary arrangements at stations, and also to those furnished by the medical officers in charge of station hospitals. He will be careful to specify whether he concurs in the statements made in such reports, and will comply with the instructions laid down in paragraph 1203 of these Regulations. A copy of the remarks on sanitary conditions, on Army Form A 32, will be furnished to the General Officer Commanding.

Subjects to be included in report.

1154. In the preparation of the foregoing sanitary reports the above-mentioned medical officers will be guided generally by the outline of subjects laid down in the Appendix No. 6 of these Regulations.

Annual Report by sanitary officers of stations.

1155. The medical officers in charge of sanitary duties at a station will furnish to the medical officer in charge of the station hospital manuscript annual reports thereon, stating such leading sanitary improvements as may have been effected in the course of the year in respect of cubic accommodation and ventilation of barrack-rooms, huts, &c., also increased facilities for ablution; extended means for variety of cooking; alterations in the soldiers' diet, and such changes as may from time to time have taken place in the clothing of the troops with reference to the climate of the station and season of the year; also any more effective drainage of camps and barracks and their neighbourhood that may have been carried out, and wherever gymnasia exist the effect of the training on the health of the troops. These reports will be attached to the Annual Return from the Station Hospital (see paragraph 1189).

1156. The medical officer in charge of the station hospital will also furnish a report in manuscript with his Annual Return of medical transactions and prevailing diseases, which should show the bearings of sanitary arrangements thereon. By medical officers in charge of hospitals.

SECTION X.—METEOROLOGICAL OBSERVATIONS.

Responsibility for instruments and observations.

1157. The Principal or Senior Medical Officer at any station where there are meteorological instruments, will be responsible for their charge, as well as for the requisite observations being made, by some competent person who may be selected for that purpose, in accordance with the following instructions.

Adjustment of instruments avoided.

1158. As it is of great importance to preserve unimpaired the continuity of meteorological observations, all changes in the adjustment of instruments, in their position, mode of reading, or registering, will, as far as possible, be carefully avoided.

Uniformity of observations.

1159. The observations will, as far as possible, be made by one person; where this is not practicable the deputy to whom the duty is confided will first assure himself that his method of reading is identical with that of the principal observer, and on a transfer of duty both should satisfy themselves on that point by mutually testing the accuracy of their readings.

Registers.

1160. Registers (Army Form K 1292) should be as complete as possible, but if, from any cause, observations be lost, no attempt should be made to fill the blanks so caused.

Regularity of observations.

1161. The observations will be made at stated and regular times.

Care in calculations.

1162. Before taking the means of the numbers in each month, the observer will look down each column in the register to see that no evident error of entry has been made (an inch, for instance, in the reading of the barometer is a common error); he will examine the thermometric readings to see that the maximum and minimum readings have not been interchanged; and, before dividing the sums of the numbers, he will count, in each column, the days on which observations have been entered, so as to exclude error in the division; decimal arithmetic will be used throughout.

Readings in tenths.

1163. With the exception of the "attached thermometer," all thermometers must be read to the tenths of a degree.

Hours of ading.

1164. The readings of the self-registering maximum ther

meters at 9 a.m. must be entered in the register (columns 35 and 37) as the temperature of the preceding day; for instance, the readings of the self-registering maximum thermometers at 9 a.m. on the 1st of the month must be registered as the temperature of the last day of the previous month; the readings on the morning of the 2nd as that of the 1st, and so on. This rule is also applicable to the rain gauge, but not to any of the other thermometers.

Monthly Returns.

1165. The registers (Return on Meteorological Observations, Army Form K 1292) containing the readings of the past month should be forwarded to the Director-General during the first week of every month.

Yearly Returns of Instruments.

1166. A manuscript list showing the number and condition of the meteorological instruments in use at each station will be furnished yearly to the Director-General.

PART 7.—STATISTICAL REGULATIONS.

Section I.—General Instructions.
" II.—Weekly Returns.
" III.—Monthly Returns.
" IV.—Annual Returns.
" V.—Returns for Troops at Sea.
" VI.—Returns for Troops on Active Service.
" VII.—Returns for Troops in Camps of Exercise, &c.

SECTION I.—GENERAL INSTRUCTIONS.

All cases of sickness to be shown.

Transfers.

1167. All cases of sickness will be shown in statistical returns, whether the men are treated in dieted or in non-dieted hospitals, or in their own quarters, or, owing to local circumstances, in barracks, or in civil hospitals. Care will be taken that sick men received from other hospitals, or from on board ship, and invalids sent from their regiments to the headquarters of the district for further treatment, are not entered in any returns as fresh admissions, but as transfers (Army Book 172) in the proper column.

Doubtful cases.

1168. Any case which, owing to the obscurity of the symptoms, cannot at the time be entered under any specific disease will be recorded in the Weekly Return as "not yet diagnosed." It will be specially noticed in the remarks so long as it is thus recorded, and when the disease is ascertained, it will be entered as a fresh admission, its disposal being also noticed in the remarks.

Nomenclature of disease.

1169. The diseases will always be designated by the terms used in the English list of the authorised "Nomenclature of Diseases," a copy of which is issued for the personal use of each medical officer, and will be retained by him wherever he may be serving, and not be accounted for in any hospital transfer return. At certain of the larger hospitals a copy of the Nomenclature is also issued

marked "for stational use at ," and bearing a number which must be quoted in all transfer returns, when the records of the hospital are handed over from one medical officer to another.

1170. A register of deaths (in manuscript) (Army Book 127) will be kept in each general and station hospital, wherein all deaths, whether *in or out* of hospital, will be entered; the information thus recorded will be used in compiling the Annual Return. Register of deaths.

1171. In furnishing reports of suicides in the Weekly and Annual Returns, medical officers will be careful to follow the instructions laid down in paragraph 1183 of these Regulations, which are also applicable to Officers Commanding in furnishing the Annual Nominal Return of Deaths and Invaliding on Army Form B 119. Reports on suicides.

SECTION II.—WEEKLY RETURNS.

Mode of rendering.

1172. A Weekly Return of Sick, of warrant officers, non-commissioned officers, and men, on Army Form A 31, made up to 12 o'clock (noon) each Friday, will be rendered to the Director-General by the medical officer in charge of every hospital, whether it be a general, station, or a non-dieted hospital. Each return will contain the details for seven complete days, irrespective of the date on which the year may close.

Statement of daily strength to be sent medical officers.

1173. Arrangements will be made with the Officer Commanding for a statement of the daily strength for the preceeding week of each corps to be sent to the medical officer in charge of the station hospital not later than 3 p.m. each Friday afternoon; this statement (Army Form A 20) will include the strength of all effective troops at outlying stations, whose sick are sent to the hospital for treatment.

Sick of troops detached.

1174. Should the sick of troops detached at small outstations, or of detachments at musketry practice, or gun drill, or of troops employed on any other duty at a place where no military hospital is opened, be received into a station hospital, they will be duly included in its Weekly Return of Sick (see paragraph 1223), care being taken to note the average *weekly* effective strength of such troops in the return. Decimals or fractions will not be used in the Weekly Returns, but the average strength will be stated in the nearest whole numbers.

Weekly Returns to be sent to London.

1175. Weekly Returns of Sick at home stations will be forwarded direct to London, except in certain districts where local instructions are issued on the subject by the Principal Medical Officer. These returns will invariably be posted each Saturday afternoon.

Duplicate of Weekly Returns.

1176. A duplicate copy of the Weekly Return of Sick will be forwarded to the Principal Medical Officer of the district, and will be marked in red ink with the words "original copy sent to Director-General, Medical Staff, on ."

Details to be furnished to medical officer in charge of *station hospitals.*

1177. When a medical officer is specially appointed to discharge any of the following duties—(*a*) Charge of the Troops; (*b*) Sanitary duties; (*c*) Attendance on officers, women, and children—he will furnish to the medical

officer in charge of the station hospital, not later than Friday afternoon in each week, all details appertaining to those duties required to complete the Weekly Return of Sick, together with any necessary remarks in manuscript, both of which will be copied into the Weekly Return of the Station Hospital.

Invalids from abroad.

1178. Invalids arriving from stations abroad will not be shown in the Weekly Return of the hospital in which they are treated, but the records of their sickness will be kept distinct (see paragraph 413) from those of troops serving at home, and a separate Weekly Return, headed "Invalids from Abroad," will be furnished for them, and they will be considered as invalids until they are disposed of in one of the following ways :—

(*a*) By discharge from the service ;
(*b*) By death ;
(*c*) By return to duty as effective men.

Invalids on sick furlough.

1179. Invalids sent on sick furlough will again on their return be included among the foreign invalids at the station until they are finally as above disposed of.

Invalids landed at foreign stations.

Invalids on their way home, who may be landed at any foreign station for treatment, will be similarly accounted for.

Weekly Returns of Sick abroad.

1180. At stations abroad, the Weekly Return of Sick will be sent to the Principal Medical Officer of the Command. Separate returns will always be furnished for white, and for black or colonial troops.

Important diseases to be noticed.

1181. In the remarks appended to the Weekly Return of Sick, the medical officer will notice the more important diseases, shown on page 1, and describe their distribution amongst the different corps sending sick to the hospital.

Infectious diseases.

1182. He will remark on all cases of infectious diseases, and state the barracks, quarters, or places where the diseases were contracted ; he will likewise notice infectious disease among the families of soldiers, stating the number of attacks and deaths during the week ; he will also state whether in his opinion such cases were attributable to any local insanitary condition, and if so the steps taken in the matter ; in subsequent returns he will give the results of his recommendations.

Suicides.

1183. He will specially remark on all cases of suicide or of self-inflicted injuries with suicidal intent, stating the method by which the suicide was accomplished, or the injuries inflicted, and the supposed or presumed motive for the act ; also giving the name of the individual corps, years of *service, and in* attempted cases the result,

as whether "discharged to duty," "invalided," "discharged from the service," or "remaining in hospital."

Post-mortem examination.

1184. Details of appearances found at the *post-mortem* examination will be given on page 4 of the Weekly Return in which a death is reported, but if the examination cannot be made in time, a special statement of the results ascertained will immediately on completion of the autopsy be forwarded to the Director-General, headed, "*Post-mortem* Examination of the body of of the regiment, to complete the Weekly Return of Sick of the , for the week ending 18 ."

Men not of the Regular Forces.

1185. The statistics of the sickness of warrant officers non-commissioned officers, and men of the Militia, Pensioners, Yeomanry, Volunteers, Royal Marines, Seamen of the Royal Navy, Government Labourers, or others, who may be under treatment in a military hospital, will not be included with those of the Regular troops (see paragraphs 413 and 510), but will be shown in the special table on page 4 of the Weekly Return. If the warrant officers, non-commissioned officers, or men exceed thirty in number, a separate Weekly Return, on Army Form A 31, will be rendered, the heading of the return being suitably altered.

Erroneous designation of disease.

1186. When it is found that the disease of a man admitted into hospital in a preceding week has been wrongly diagnosed, the case will be entered in the proper column of the Weekly Return as "discharged otherwise," and a fresh entry will be made of it in the column for admissions. No second entry for this case, however, will be made in the Admission and Discharge Book, but the first and erroneous designation of the disease will be crossed out, and the correct one inserted above it in red ink. This will prevent two admissions for the same illness appearing in the Annual Return.

Fresh disease supervening.

1187. Should another disease supervene upon that for which a man is admitted, the original case will be shown in the column for "discharged otherwise," and a fresh admission for the new disease will be made both in the return and in the Admission and Discharge Book. Every such instance will be noticed in the remarks on page 4 of the Weekly Return.

Special Reports from medical officer in *charge of troops.*

1188. Medical officers doing duty with corps will make a special report in writing to the Principal Medical Officer should disease unusual in amount or of a special nature appear among the troops in their care, or should the sanitary condition of the barracks be unsatisfactory, and

will send such report to the medical officer in charge of the station hospital in order that he may first record it in his remarks on the Weekly Return of Sick, and then transmit it to the Principal Medical Officer for incorporation, if necessary, in the sanitary report of the district.

Number of patients attended.

1189. The number of patients attended by each medical officer doing duty in a hospital will be shown in the Weekly Return.

SECTION III.—MONTHLY RETURNS.

Monthly Returns from P.M.O.

1190. Principal Medical Officers abroad will furnish to the Director-General a return of sick on Army Form A 30 for a period of four or five weeks (as the case may be), ending on the last Friday of the month. The return will be forwarded not later than by the first mail which leaves the command after the 15th of the month following that to which it refers. It being of importance that the latest information respecting the health of the troops in every command should be in the possession of the Director-General, a special letter, explaining the reasons of the delay, must be sent whenever this return is not forwarded at the proper time.

From female hospitals.

1191. Medical officers in charge of female hospitals will furnish to the Director-General a Monthly Return (Army Form A 17) as laid down in Part II, Section VIII, of these Regulations.

SECTION IV.—ANNUAL RETURNS.

1192. Every medical officer in charge of a hospital on the 31st of December, will furnish an Annual Return of Sick on Army Form A 33, for the period from 1st January to 31st December. As the permanent records of the sickness of the army are contained in these returns, medical officers will endeavour to make them as accurate as possible in every particular. The fact of an admission having been recorded under a certain disease in a Weekly Return should not prevent a necessary correction being made in the Annual Return, when the medical officer has reason to believe that the first recorded diagnosis was incorrect. **Annual Returns.**

1193. No admission will appear in an Annual Return of Sick as "Not yet diagnosed"; sufficient time will always have elapsed between the date of admission of a case of an obscure nature and the date of completion (31st January) of the Annual Return to diagnose the disease with exactness, or to class it as one of "No appreciable disease," should observation justify the use of that term. **Cases to be classified.**

1194. The Average number of Daily Sick will be obtained by adding up the number of days each man was under treatment, and dividing the total by 365, or 366 for leap-year; the number of days during the current year on which every patient admitted during the previous year was under treatment will of course be included. To find the Average Sick Time to each soldier, multiply the average number constantly sick by the number of days in the year, and then divide by the Strength. To find the Average Duration of each case of sickness, multiply the average number constantly sick by the number of days in the year, and then divide by the number of admissions. **Averages of sick, how calculated.**

1195. The medical officer in charge of a hospital, when it is closed in consequence of the removal of the troops from the station, will at once transmit, through the Principal Medical Officer of the district, to the Director-General a return, on Army Form A 33, showing the sickness and mortality from 1st January to the date on which the hospital was closed. **Return to be furnished when hospital is closed.**

1196 In the Annual Return the statistics of all the sick of the Regular troops only who have been under treat- **Mode of compiling Annual Return.**

ment during the year will be included. Under the head of "Invalids" only such men will be included as are sent for invaliding from the troops serving at the station. Men not belonging to the Regular Forces admitted at hospital will be shown in the separate return, No. 13, on page 8.

Date of forwarding Annual Return.

1197. The Annual Return of a given year will be forwarded to the Principal Medical Officer of the district at home, or of a command abroad, not later than the 31st of January of the succeeding year; a duplicate copy will be retained in the hospital.

Statistics of sickness of invalids.

1198. The statistics relating to the sickness of invalids, not belonging to the district or command, or those of invalids casually left in a command, will be shown in the Special Return, No. 5, on page 5.

Manuscript reports of special duties.

1199. Medical officers doing duty with troops and in charge of sanitary duties will severally prepare in a concise form the portions of the annual manuscript report which refer to their particular duties, and furnish the same to the medical officer in charge of the hospital, who will attach them to his Annual Report on Prevailing Diseases. A medical officer quitting his station after 31st December will hand over the report on his special duties before he leaves the station (see paragraph 1155).

Annual Return from Officers Commanding.

1200. The Annual Return, "Nominal Return of Deaths and Invaliding" (Army Form B 119), furnished to the Medical Department by Officers Commanding regiments and corps, will be forwarded by them to the Under-Secretary of State for War not later than the 31st January at home stations, and 31st March at foreign stations.

Annual Return of Recruits.

1201. The Annual Return of Recruits (Army Form B 215) furnished by medical officers in charge of station hospitals and recruiting duties will be forwarded to Principal Medical Officers of districts not later than 20th January.

Summary of Annual Return of Recruits.

1202. Principal Medical Officers will prepare a general summary of the Annual Return of Recruits (Army Form B 215), and will forward to the Director-General the information contained in Table I, columns 1 and 2, of the form, on or before 1st February, and the summary itself on or before the 15th February.

General Annual Return.

1203. Principal Medical Officers at home and abroad will compile for the Director-General, from the Annual Returns of Hospitals in their districts or commands, a General Return, on Army Form A 32; adding thereto a Manuscript Report (on the plan of the published Army Medical Reports) on the prevailing diseases and sanitary conditions affecting the health of the troops; they will

retain a duplicate copy of the Return in their offices, and will forward a copy of their remarks on the sanitary conditions to the General or other Officer Commanding.

1204. Medical officers in charge of female hospitals will furnish for the Director-General the Annual Return and Report, on Army Form A 16, in accordance with Part 2, Section VIII, of these Regulations. Annual Return from female hospitals.

ment during the year will be included. Under the head of "Invalids" only such men will be included as are sent for invaliding from the troops serving at the station. Men not belonging to the Regular Forces admitted at hospital will be shown in the separate return, No. 13, on page 8.

Date of forwarding Annual Return.

1197. The Annual Return of a given year will be forwarded to the Principal Medical Officer of the district at home, or of a command abroad, not later than the 31st of January of the succeeding year; a duplicate copy will be retained in the hospital.

Statistics of sickness of invalids.

1198. The statistics relating to the sickness of invalids, not belonging to the district or command, or those of invalids casually left in a command, will be shown in the Special Return, No. 5, on page 5.

Manuscript reports of special duties.

1199. Medical officers doing duty with troops and in charge of sanitary duties will severally prepare in a concise form the portions of the annual manuscript report which refer to their particular duties, and furnish the same to the medical officer in charge of the hospital, who will attach them to his Annual Report on Prevailing Diseases. A medical officer quitting his station after 31st December will hand over the report on his special duties before he leaves the station (see paragraph 1155).

Annual Return from Officers Commanding.

1200. The Annual Return, "Nominal Return of Deaths and Invaliding" (Army Form B 119), furnished to the Medical Department by Officers Commanding regiments and corps, will be forwarded by them to the Under-Secretary of State for War not later than the 31st January at home stations, and 31st March at foreign stations.

Annual Return of Recruits.

1201. The Annual Return of Recruits (Army Form B 215) furnished by medical officers in charge of station hospitals and recruiting duties will be forwarded to Principal Medical Officers of districts not later than 20th January.

Summary of Annual Return of Recruits.

1202. Principal Medical Officers will prepare a general summary of the Annual Return of Recruits (Army Form B 215), and will forward to the Director-General the information contained in Table I, columns 1 and 2, of the form, on or before 1st February, and the summary itself on or before the 15th February.

General Annual Return.

1203. Principal Medical Officers at home and abroad will compile for the Director-General, from the Annual Returns of Hospitals in their districts or commands, a General Return, on Army Form A 32; adding thereto a Manuscript Report (on the plan of the published Army Medical Reports) on the prevailing diseases and sanitary conditions affecting the health of the troops; they will

retain a duplicate copy of the Return in their offices, and will forward a copy of their remarks on the sanitary conditions to the General or other Officer Commanding.

1204. Medical officers in charge of female hospitals will furnish for the Director-General the Annual Return and Report, on Army Form A 16, in accordance with Part 2, Section VIII, of these Regulations. Annual Return from female hospitals.

SECTION V.—RETURNS FOR TROOPS AT SEA.

istical
urns for
ops at sea.

1205. Medical officers in charge of troops at sea will, as laid down in Part 1, Section III, of these Regulations, on the completion of the voyage, furnish returns, on Army Form B 182, for the period from the day of embarkation to that preceding disembarkation. If troops are disembarked at more than one place on the same voyage, the dates and other particulars will be specified in the columns for that purpose on the form. Separate returns will be furnished for :—

(*a*) Invalids returning home.
(*b*) Troops proceeding on foreign service.
(*c*) Troops returning home from abroad.
(*d*) Troops proceeding from one foreign station to another.

All cases to be returned as admission.

1206. Medical officers in charge of troops on board ship, whether time-expired men or invalids, will be careful to return as admissions all cases of sickness occurring amongst the warrant officers, non-commissioned officers, and men which would be admitted into hospital if treated on shore. Men attending hospital for more than one day, will thus always be shown as admitted in the returns.

Returns from naval medical officers.

1207. Naval Medical Officers who may have charge of troops embarked on board Her Majesty's ships, will, on arrival at the port of destination, forward to the Principal Medical Officer of the district or command in which the port of disembarkation is situated, the return on Army Form B 182, issued, for that purpose, at the port at which the troops embark.

SECTION VI.—RETURNS FOR TROOPS ON ACTIVE SERVICE.

I.—Daily Returns.
II.—Weekly Returns.
III.—Special Returns.

I.—DAILY RETURNS.

1208. The medical officer in charge of each field hospital will send a daily state of sick and wounded, on Army Form A 28, to the Principal Medical Officer of the division, or the cavalry brigade, to which the hospital is attached. **From field hospitals**

1209. The Principal Medical Officers of divisions, and the cavalry brigade, will send consolidated daily states, on Army Form A 28, of the sick and wounded in the field hospitals under them, to the General Officers Commanding the divisions and cavalry brigade, and to the Surgeon-General of the Army Corps. **From P.M.O's of divisions**

1210. The Surgeon-General of the Army Corps will send a consolidated daily state of the sick and wounded (Army Form A 28) in the whole of the field hospitals of the divisions and cavalry brigade to the General Officer Commanding the Army Corps. **From Surgeon-General.**

1211. The daily states of sick and wounded (Army Form A 28) will not be required from stationary hospitals on the lines of communication, unless ordered by the Surgeon-General of the Army Corps, or the Principal Medical Officer on the lines of communication. **From stationary hospitals.**

1212. The medical officers in charge of general hospitals or hospital ships, at the base of operations, will send a daily state of sick and wounded (Army Form A 28) to the Principal Medical Officer at the base for transmission to the Officer Commanding there. **From base hospitals**

1213. They will likewise furnish daily to the officer commanding the Depôt, rolls of men admitted and discharged from hospital in accordance with paragraph 423 of these Regulations, and Section XIV, Queen's Regulations and Orders for the Army. **To the Depôt.**

II.—WEEKLY RETURNS.

From all hospitals to Surgeon-General.

1214. The medical officers in charge of each hospital, whatever may be its designation, in connection with an army in the field, will furnish to the Surgeon-General of the Army Corps, a Weekly Return, on Army Form A 29, commencing on the day the troops take the field, and continuing until the operations are terminated, or the force broken up. A copy of this return will also at once be sent through the most expeditious channel to the Director-General, Medical Staff.

Channels through which forwarded.

1215. The Weekly Returns for the Surgeon-General will be forwarded through the following channels, in order that Principal Medical Officers may have an opportunity of seeing them :—

(*a*) From field hospitals, through the Principal Medical Officers of divisions and of the cavalry brigade.

(*b*) From stationary hospitals, through the Principal Medical Officer of the lines of communication.

(*c*) From general hospitals, or hospital ships, through the Principal Medical Officers at the base or the lines of communication.

Sanitary Weekly Reports.

1216. The Sanitary Officer will furnish Weekly Reports to the Surgeon-General of the Army Corps as laid down in Part 6, Section VIII, of these Regulations.

III.—SPECIAL RETURNS.

Nominal rolls of wounded.

1217. As soon as possible after an action, medical officers in charge of field hospitals will furnish nominal rolls, in triplicate, on Army Form A 6, of officers, warrant officers, non-commissioned officers, and men who had received wounds or injuries in battle, specifying as tersely and accurately as possible the kind of wound or injury, and the degree of severity : one copy will be sent through the Surgeon-General of the Army Corps to the General Officer Commanding the Army ; one to the Principal Medical Officer of the division, or of the cavalry brigade to which the hospital is attached ; and one direct to the Director-General, Medical Staff.

Classified return of wounds and operations.

1218. Medical officers in charge of all hospitals will, when called upon by the Surgeon-General of the Army Corps, furnish a descriptive numerical classified return of wounds and injuries, together with the results of operations performed, on Army Form A 7.

Summary from Surgeon-General.

1219. From the returns thus furnished, the Surgeon-General of the Army Corps will prepare a consolidated

summary of the whole, on Army Form A 7, and forward it, together with the originals, to the Director-General.

1220. The Principal Medical Officer of an army will furnish periodical reports to the Director-General, giving full information regarding the sanitary condition of the force, as laid down in Part 6, Section VIII, of these Regulations. Sanitary reports.

1221. The Principal Medical Officer of an army in the field will, on the termination of the campaign, furnish to the Director-General a general return of sickness and casualties in the force, on Army Form A 29. General return at end of campaign.

1222. A scale of army forms and books, and of stationery for the Medical Department of an army in the field, is laid down in Appendices 41 and 42 of these Regulations. Forms, &c., on active service.

SECTION VII.—RETURNS FOR TROOPS IN CAMPS OF EXERCISE, &c.

Statistical returns for troops in camps of exercise, &c.

1223. When a body of troops is brought together as a separate command, in a camp of exercise, for autumn manœuvres, or other service in time of peace, every medical officer in charge of the sick of such troops, at whatever station they may be under treatment, will include the same in his usual Weekly Returns of Sick, but he will, in addition, furnish to the Principal Medical Officer of the force a Weekly Return showing the sick of such troops only, on Army Form A 29. The sick of the force will be included in the Annual Return of the hospitals in which they may have been treated (see paragraph 1174).

Special returns on conclusion of camps of exercise, &c.

1224. At the conclusion of any of the above-mentioned services, the Principal Medical Officer of the force will furnish to the Director-General a special return on Army Form A 29, similar to that specified in paragraph 1221 for an army in the field.

PART 8.—GENERAL REGULATIONS.

Section I.—Correspondence.
" II.—Sick Leave and Leave of Absence of Officers of the Medical Staff, and Reports of Arrival and Departure.
" III.—Medical Certificates, and Medical Boards.
" IV.—Supply of Stationery, Army Forms, and Books.
" V.—Disposal of useless Books and Records.

SECTION I.—CORRESPONDENCE.

In accordance with Queen's Regulations.

1225. All official correspondence in the Medical Department will be carried on agreeably to the rules laid down in Section XXI, Queen's Regulations and Orders for the Army.

Letters and minutes.

1226. Official letters will be written, and minutes on original letters made in accordance with paragraphs 11 and 12 of the above-quoted section of the Queen's Regulations. Any reference purely on store or equipment questions locally, will be addressed direct by medical officers in charge to the Commissariat Officer in charge of barracks.

Signature to letters &c.

1227. Signatures to all letters, accounts, and documents, will be written in a clear, legible character, and the rank and official designation of the person signing will be added; quartermasters will sign their departmental as well as honorary rank; the station and date will also be invariably given.

Principal Medical Officers forward correspondence.

1228. Principal Medical Officers will be responsible for the correctness of what is set forth in documents submitted by them; and in transmitting correspondence to the Director-General they will follow the instructions contained in paragraph 53 of these Regulations.

Letters to Director General transmitted.

1229. Letters and applications from officers of the Medical Staff intended for the Director-General, will be transmitted to him through their immediate superiors.

How to be addressed.

1230. All letters and documents intended for the Director-General will be addressed on the envelope to The Under-Secretary of State for War, War Office, Pall Mall, London, S.W., with the words "Medical Staff," or "Medical Staff Corps," on the left-hand corner; letters so addressed do not require postage prepaid.

Numbers and dates to be quoted.

1231. In all replies to communications received, the number, as well as the date and purport of the letter answered, will be quoted.

Access to official records.

1232. Access to official records will only be permitted to those who are entrusted with the duties of the hospital or office to which the documents belong; these records will not be made public or communicated to individuals unconnected with the office or hospital without the knowledge or sanction of the medical officer in charge, who will also give specific instructions as to the opening in his absence of official letters.

Lists of letters to be kept.

1233. Medical officers will see that a list of all letters, telegrams, &c., which may have been necessarily despatched by them on the public service is carefully kept in their office or in the hospital, and will from time to time verify its correctness. The amount disbursed under this head will be recovered at the end of each quarter from the district paymaster, on a certificate (Army Form P 1940), signed by the person who made the payment and vouched for as correct by the medical officer.

SECTION II.—SICK LEAVE AND LEAVE OF ABSENCE OF OFFICERS OF THE MEDICAL STAFF, AND REPORTS OF ARRIVAL AND DEPARTURE.

Medical Officers on sick leave or half-pay to report.

1234. Officers of the Medical Staff on sick leave, or who have been placed on temporary half-pay on the recommendation of a Medical Board, will report their state of health, in writing, to the Director-General, twenty days before the expiration of their leave, or the period for which they may have been granted half-pay.

Applications for leave.

1235. In all applications for leave of absence, officers of the Medical Staff will be guided by the instructions laid down in Section XIII of the Queen's Regulations and Orders for the Army.

Completion of Army Form C 335.

1236. In submitting applications for leave of absence of officers, Principal Medical Officers will be careful to see that Army Form C 335 is properly completed in every particular, so as to avoid unnecessary correspondence.

Leave of Absence book.

1237. Principal Medical Officers in each district and command will keep a "Leave of Absence Book," for Officers of the Medical Staff, in which all leave granted, and all amendments and cancellations of leave, will be recorded.

Reports of arrival from or departure for foreign stations.

1238. Officers of the Medical Staff proceeding to or returning from foreign stations, will report their departure or arrival, as the case may be, in accordance with instructions in Section XVII, paragraph 69, and Section XIII, paragraph 32, of the Queen's Regulations and Orders for the Army. Officers proceeding in command of detachments of the Medical Staff Corps on foreign service, will also report to the Director-General the names of officers of the Medical Staff doing duty under them, as well as the number and ranks of the men of the corps embarked.

SECTION III.—MEDICAL CERTIFICATES AND MEDICAL BOARDS.

Granting of certificates to officers.

1239. In granting medical certificates to military officers, medical officers will be guided by the following instructions :—

(*a*) Certificate on exchange to be in accordance with Section IV, paragraph 16, Queen's Regulations and Orders for the Army.

(*b*) Certificate for sick leave to be in accordance with Section XIII, paragraph 4, Queen's Regulations and Orders for the Army, or Army Form B 175.

(*c*) Certificate on retiring, for those who hold saleable commissions, to be in accordance with Article 94, Royal Warrant relating to Pay, &c. This certificate will be in the medical officer's own handwriting, certifying that he had examined the applicant and found him in good health, or, if otherwise, whether disease does or does not threaten early death.

Constitution of Medical Boards.

1240. Medical Boards will, as a rule, consist of three medical officers, but in cases of emergency two will be considered sufficient. The Senior Medical Officer present will be the president.

Disposal proceedings of Medical Boards.

1241. The proceedings of Medical Boards on all sick or wounded officers will be made out in duplicate, and forwarded to the Principal Medical Officer, who will transmit one copy to the officer ordering the Board, and the other copy, together with a detailed statement of the officer's case from the medical officer under whom he has been treated, as follows :—

In the case of officers of regiments and corps,
To the Adjutant-General,
Horse Guards, War Office,
London, S.W.

In the case of departmental officers,
To the Head of the Department, London,
to which the officer belongs.

Proceedings confidential, on Army Form A 45.

1242. Proceedings of Medical Boards on officers are to be considered confidential, and will be recorded on Army Form A 45.

1243. Medical Boards, in forming their opinion on the claims of officers to compensation for wounds received in action, will be guided by the rules laid down in Part 2, Section III, of the Royal Warrant relating to Pay, &c. (Revised Army Regulations, Vol. I.) Compensation for wounds.

1244. Medical Boards, in their proceedings on sick officers, will invariably state whether in their opinion the disability was caused "in and by the service," and under circumstances over which the officers had no control. Sickness in and by the service.

SECTION IV.—SUPPLY OF STATIONERY, ARMY FORMS, AND BOOKS.

nery, forms, ooks.

1245. Principal Medical Officers will obtain supplies of stationery, forms, and books by requisitions made out on Army Forms L 1355 and L 1378. These requisitions will be made annually in accordance with instructions published from time to time in Army Circulars.

e- ary sitions.

1246. Supplementary requisitions will be made out for forms on Army Form L 1350, for books on Army Form L 1383, and for stationery on Army Form L 1381; but such demands will be made as seldom as possible, and in all cases the reasons for the necessity will be stated.

f forms ooks.

1247. The use of army forms and books in the Medical Department is detailed in Appendix 68 of these Regulations.

SECTION V.—DISPOSAL OF USELESS BOOKS.

1248. When books, documents, records, and printed forms have unduly accumulated, and it is considered that their further retention is undesirable, either in the interests of the public or in a professional point of view, steps should be taken for their disposal in accordance with the instructions laid down from time to time in the Army Circulars. Disposal of useless records.

1249. As a rule, hospital records will be preserved for four years after they have ceased to be in use; but they will not then be destroyed without the sanction of the Director-General, Army Medical Department. Sanction for destruction of records.

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APPENDIX No. 1.

(See paragraph 6.)

REGULATIONS IN REGARD TO THE EXAMINATION OF SURGEONS AND SURGEONS-MAJOR.

I.—Rules for the Examination of Surgeons.

This examination is intended to test the progress and proficiency of the Surgeon in all those branches of knowledge which are essential to his continued efficiency as a medical officer, and may be taken at any time between his fifth and tenth year of service.

2. It will embrace the following subjects:—

(*a*) Surgery, operative and practical, including field surgery and transport of sick and wounded.

(*b*) Medicine and pathology, including practical pharmacy and modes of prescribing and administering remedial measures, food, drink, &c.

(*c*) Hygiene, within the limits treated of in "Parkes Practical Hygiene."

(*d*) Duties of Executive Medical Officers during peace and war at home and abroad, and at sea, as defined in the various codes of regulations issued for their guidance.

3. A certificate will be required from a recognised teacher of surgery in any medical school at home or abroad in which operative surgery is taught, showing that the medical officer has gone satisfactorily through a complete course of operative surgery during the period within which the examination must be taken, and that he is a competent operator.

4. A report on any subject of a practical professional character to be selected by the officer himself, and certified to be his own composition, and in his own handwriting, will also be required. Considerable importance will be attached to the literary and scientific merits of this report.

Appendix No. 1.

II.—Rules for the Examination of Surgeons-Major.

5. The selection of Surgeons-Major for advancement to the grade of Brigade Surgeon is made on the grounds of ability and merit, in determining which the following points will be considered.

6. The officer to be so selected must have been favourably reported on by the several Military and Departmental Officers under whom he may have served, as set forth in their Annual Confidential Reports.

7. He must be physically fit for general service and have the necessary qualifying foreign and Indian service under existing rules.

8. He must, before he can be selected for promotion to the grade of Brigade Surgeon, establish before an Examining Board, appointed for the purpose by the Director-General, his efficiency in the following subjects :—

(*a*) Hospital organisation and administration in peace and war.

(*b*) The administration, interior economy, command, and discipline of the Medical Staff Corps, and of Bearer Columns.

(*c*) The relations of the medical to all other departments and corps of the army, as defined by the various codes of regulation in force.

(*d*) Recruiting and invaliding.

(*e*) The management of sick and wounded in war.

(*f*) Field medical organisation.

(*g*) The transport of the sick and wounded by land and sea.

(*h*) The medical and surgical equipment and hospital arrangements for an Army Corps.

(*i*) The duties and responsibilities of Medical Officers, Quartermasters, and non-commissioned officers and men of the Medical Staff Corps in regard to the charge and supervision of stores and equipments, and the nursing, dieting, and general management of the sick.

(*k*) The sanitary duties of medical officers in charge of camps and hospitals in the field and at the base of operations.

(*l*) The sanitary inspection and equipment of hospital ships and troop transports, and all other sanitary duties in camps, garrisons, and quarters.

(*m*) The origin, progress, and best methods of dealing

with outbreaks of epidemic disease among troops under any given circumstance.

(*n*) The most approved methods of securing the sick, and especially the wounded, against pyæmia, septicæmia, and all other forms of blood poisoning, and the management and treatment of such outbreaks when they occur.

9. Officers who have not passed an examination for the rank of Surgeon-Major will also be examined in operative surgery and practical medicine.

10. A medico-topographical report will be required of any district or country in which British troops have been, or are likely to be, actively employed, as well as a sketch of the medical arrangements suitable for an Army Corps operating in such a district or country, compiled by the officer, and certified to be his own composition and in his own handwriting.

III.—General Regulations.

11. The examinations will be conducted in part by printed questions, and in part *vivâ voce*, in presence of an Examining Board, which will enter so far into the subject matter of each head selected for *vivâ voce* examination as to show that the officer's knowledge has been fully tested.

12. The Board will carefully record all questions asked and answers received, and send the record, with the written answers to the printed questions, under a sealed confidential cover to the Director-General, but it will not be required to express any opinion as to the qualifications of the Officers examined.

13. The papers will then be submitted to a Board of experienced officers, who will report to the Director-General as to the competence of the officer so examined.

14. Medical Officers possessing the following qualifications will be exempted from examination in medicine, surgery, and hygiene respectively:—

a. The Fellowship of any Royal College of Physicians or Surgeons of Great Britain or Ireland, granted under a higher standard of qualification than that for Licentiate or Member, will be accepted in lieu of an examination in medicine and surgery.

b. The diploma in Hygiene and State Medicine, or any corresponding diploma of any University in Great Britain or Ireland, such diploma being

granted after examination, will be accepted in lieu of an examination in this subject.

15. Medical Officers of any grade promoted for distinguished professional service will be exempt from further examination.

APPENDIX No. 2.

(See paragraphs 114, 842.)

INSTRUCTIONS TO MEDICAL OFFICERS IN REGARD TO USE AND VALUE OF DIETS IN TABLE.

General Instructions.

The following tables give the composition, nutritive value, &c., of the hospital diets in use in the Army, calculated from the tables in Parkes' "Manual of Practical Hygiene," 6th Edition, 1883, pp. 200—205.

Nature, Composition, Quantity, and Nutritive Value of Diet Scales in use in the Military Hospitals of the British Army.

Tea Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Bread	12 oz.	4·800	0·960	0·180	5·904	0·156	7·200
Tea*	½ ,,	...	...	...	...	...	...
Sugar	2½ ,,	0·075	...	...	2·412	0·013	2·425
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Gross Total ...	21 oz.	10·083	1·200	0·402	8·604	0·211	10·417

* Tea is not usually reckoned as nutritive; its most important constituent, theine, being a stimulant more than a nutrient. There is a small quantity of casein, fat, and starch, but too small to be of material consequence. A large part of the soluble matter consists of tannin, a powerful astringent.

In tea diet there are—

		grains.
Nitrogen		83
Oxidizable	Carbon	2,028
	Hydrogen	29
	Sulphur....	10

Potential energy in foot-tons—

Albuminates	208
Fats	152
Carbo-hydrates	1,167
Total	1,527

Appendix No. 2.

Milk Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Bread	12 oz.	4·800	0·960	0·180	5·904	0·156	7·200
Rice	2 ,,	0·200	0·100	0·016	1·664	0·010	1·790
Milk (3 pints) ...	60 ,,	52·080	2·400	2·220	2·880	0·420	7·920
Sugar	1 ,,	0·030	...	...	0·965	0·005	0·970
Gross Total ...	75 oz.	57·110	3·460	2·416	11·413	0·591	17·880

In milk diet there are—

		grains.
Nitrogen		240
Oxidizable	Carbon	3,694
	Hydrogen	144
	Sulphur	28

Potential energy in foot-tons—

Albuminates	599
Fats	913
Carbo-hydrates....	1,527
Total	3,039

Low Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Beef,* without bone	8 oz.	6·000	1·200	0·672	...	0·128	2·000
Bread	14 ,,	5·600	1·120	0·210	6·888	0·182	8·400
Salt	½ ,,	...	...	...	...	0·500	0·500
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	·792
Butter	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Gross Total ...	31¼ oz.	16·913	2·563	2·014	8·623	0·887	14·087

* Probably over-estimated, as it is made into beef-tea, so that all the fat is removed and the fibrin is not all utilized.

Appendix No. 2.

In low diet there are—

		grains.
Nitrogen		177
Oxidizable	Carbon	2,872
	Hydrogen	117
	Sulphur....	20

Potential energy in foot-tons—	
Albuminates	443
Fats	761
Carbo-hydrates	1,175
Total	2,379

Chicken Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Fowl { without bone ... / with bone, 10 oz. }	8 oz.	5·920	1·680	0·304	...	0·096	2·080
Bread	16 ,,	6·400	1·280	0·240	7·872	0·208	9·600
Potatoes	8 ,,	5·920	0·160	0·013	1·680	0·080	1·933
Salt	½ ,,	...	...	...	...	0·500	0·500
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Butter	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Gross Total ...	41¼ oz.*	23·553	3·363	1·689	11·287	0·961	17·300

* Or with bone, 43¼ oz.

In chicken diet there are—

		grains.
Nitrogen		232
Oxidizable	Carbon	3,449
	Hydrogen	108
	Sulphur...	27

Potential energy in foot-tons—	
Albuminates	582
Fats	638
Carbo-hydrates....	1,543
Total	2,763

Appendix No. 2.

Half Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates.	Salts.	Total, water free.
Beef or Mutton ...	without bone, 8 oz. or with bone, 10 oz.	6·000	1·200	0·672	...	0·128	2·000
Bread	16 ,,	6·400	1·280	0·240	7·872	0·208	9·600
Potatoes	8 ,,	5·920	0·160	0·013	1·680	0·080	1·933
Barley	1½ ,,	0·225	0·165	0·030	1·055	0·025	1·275
Salt	½ ,,	...	...	...	...	0·750	0·750
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Vegetables (taken as cabbage)	4 ,,	3·640	0·072	0·020	0·232	0·028	0·352
Butter...	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Flour	¼ ,,	0·038	0·027	0·005	0·176	0·004	0·212
Gross Total ...	47¼ oz.*	27·536	3·147	2·112	12·750	1·300	19·309

* Or with bone, 49¼ oz.

In half diet there are—

		grains.
Nitrogen		217
Oxidizable	Carbon	3,830
	Hydrogen	126
	Sulphur....	25

Potential energy in foot-tons—

Albuminates	544
Fats	798
Carbo-hydrates.	1,745
Total	3,087

Appendix No. 2.

Roast Diet.

Roast joint, chop, or steak.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Joint. Beef or Mutton with bone Chop...	10 oz.	6·000	1·200	0·672	...	0·128	2·000
or Steak (without bone)	8 ,,						
Bread	18 ,,	7·200	1·440	0·270	8·856	0·234	10·800
Potatoes... ...	8 ,,	5·920	0·160	0·013	1·680	0·080	1·933
Salt	½ ,,	...	...	...	...	0·750	0·750
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Vegetables ...	4 ,,	3·640	0·072	0·020	0·232	0·026	0·352
Butter	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Gross Total	47½ oz.*	28·073	3·115	2·107	12·503	1·297	19·022

* Or with bone, 49½ oz.

In roast diet there are—

		grains.
Nitrogen		215
Oxidizable	Carbon	3,773
	Hydrogen	126
	Sulphur....	25

Potential energy in foot-tons—

Albuminates	539
Fats	796
Carbo-hydrates....	1,711
Total	3,046

Appendix No. 2.

Entire Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates.	Salts.	Total, water free.
Beef or Mutton ...	with bone 15 oz. without bone 12 oz.	9·000	1·800	1·008	...	0·192	3·000
Bread	16 ,,	6·400	1·280	0·240	7·872	0·208	9·600
Potatoes	16 ,,	11·840	0·320	0·026	3·360	0·160	3·866
Barley...	1½ ,,	0·225	0·165	0·030	1·055	0·025	1·275
Salt	½ ,,	...	...	...	...	0·750	0·750
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Vegetables	4 ,,	3·640	0·072	0·020	0·232	0·028	0·352
Butter...	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Flour	¼ ,,	0·038	0·027	0·005	0·176	0·004	0·212
Gross Total ...	59¼ oz.*	36·456	3·907	2·461	14·430	1·444	22·242

* Or with bone, 62¼ oz.

In entire diet there are—

		grains.
Nitrogen		270
Oxidizable	Carbon	4,434
	Hydrogen	149
	Sulphur....	31

Potential energy in foot-tons—

Albuminates	676
Fats	930
Carbo-hydrates....	1,977
Total	3,583

Appendix No. 2.

Varied Diet.

Constituent.	Amount of each.	Water.	Albuminates.	Fats.	Carbo-Hydrates	Salts.	Total, water free.
Beef or Mutton	without bone, 12 oz. or with bone, 15 oz.	9·000	1·800	1·008	...	0·192	3·000
Bread	18 ,,	7·200	1·440	0·270	8·856	0·234	10·800
Potatoes	16 ,,	11·840	0·320	0·026	3·360	0·160	3·866
Salt	½ ,,	...	...	...	...	0·750	0·750
Tea	¼ ,,	...	...	...	...	...	...
Sugar	1½ ,,	0·045	...	...	1·447	0·008	1·455
Milk	6 ,,	5·208	0·240	0·222	0·288	0·042	0·792
Vegetables	4 ,,	3·640	0·072	0·020	0·232	0·028	0·352
Butter...	1 ,,	0·060	0·003	0·910	...	0·027	0·940
Gross Total ...	59½ oz.*	36·993	3·875	2·456	14·183	1·441	21·955

* Or with bone, 62½ oz.

In varied diet there are—

		grains.
Nitrogen		267
Oxidizable	Carbon	4,377
	Hydrogen	150
	Sulphur....	31

Potential energy in foot-tons—

Albuminates	67[illegible]
Fats	93[illegible]
Carbo-hydrates....	1,9[illegible]
Total	3,5[illegible]

Principles which ought to guide the Medical Officer in selecting the Diets most suitable for particular classes of cases, and in avoiding unsuitable food.

There are several preliminary points to be considered before finally deciding upon any fixed diet for a particular case. Hence it is usual to put a patient on first admission to hospital upon a low diet, *i.e.*, upon a bare subsistence diet in a quiescent state, until one suited to

his ailment is prescribed after sufficient examination of the case.

The first points to determine are, What can the patient take? What kind of food—as between fluid and solid food—is most suitable? Is fever present or absent? Do the skin and kidneys act freely?

In every case of grave illness, the amount of urine passed in the 24 hours should be measured, its specific gravity taken, and the solids (at least) estimated. It is also desirable to estimate the daily amount of urea excreted in the urine, and to estimate and represent the total free acidity in the usual way.

The nature of the food exerts a marked influence upon the urine, and the kidneys perform an eliminative office, the efficiency of which cannot be estimated unless the daily renal excretion is measured. Fats and carbohydrates throw no immediate work upon the kidneys. It is through the nitrogenous ingesta that the kidneys are taxed, by the elimination of nitrogenous products, which furnish the chief parts of the solids of the urine. Hence the necessity of ascertaining at the outset the adequacy or inadequacy of the renal function.

If the kidneys are implicated, or any renal inadequacy exists—as indicated by the examination of the urine—the work of the kidneys may be lightened by so arranging the diet as to lessen the amount of nitrogenous aliment to what is absolutely needed (and no more) to sustain life, and allowing vegetable food to predominate.

The reaction of the urine may also be influenced by diet. Animal food increases acidity, vegetable food diminishes it, and may even produce alkalinity. Thus preponderance of vegetable food in the diet diminishes both the amount of solids and of free acid eliminated by the kidneys, a condition to be desired by those in whom the red sand and solids abound unduly in the urine. On the other hand, where alkalinity prevails or earthy phosphates are deposited, a meat diet should preponderate, except where urine is alkaline from ammonia.

In dealing with diseases of the digestive organs, more is to be done by dieting than by drugs, and without attention to diet drugs will rarely give relief. The power of mastication possessed by the patient must be especially inquired into. If teeth are deficient, or if the jaws cannot be moved, food cannot be masticated, and should therefore either be liquid or sufficiently minced so as to be easily swallowed with fluids. The food ought to be given at regular intervals, and the amount that can be taken at a

time should regulate the frequency of taking it. The smaller the amount taken at once, the more frequent should be its administration, and an interval exceeding four or five hours, without food, is to be avoided.

In febrile, acute inflammatory and other conditions where an absence of digestive power in the stomach prevails, it is not only useless to give solid nitrogenous food, but absolutely hurtful. The following articles should predominate—beef-tea, mutton, veal, or chicken broth; whey, calf's-foot and other kinds of jelly; arrowroot, gruel, barley-water, rice-water, fruit jellies, fruit juice, such as lemons or oranges made into drinks. In some cases milk, or eggs, in a raw condition, beat up with milk; also bread jelly (made by steeping bread in boiling water and passing through a sieve when still hot), either alone or boiled with milk may be given, and, as circumstances dictate, an advance to more solid food may be made (during convalescence from enteric and other fevers) to puddings of rice, sago, tapioca, bread, custard. A diet of fish may next be allowed, such as whiting, small soles (slips) or flounders, either boiled or broiled, but not fried. Cod-fish, unless in good condition and properly cooked, is apt to be less easily digested by weak stomachs. As digestive powers improve, calf's feet, chicken, game or mutton may be allowed, but if given too early in convalescence, a relapse of febrile phenomena may be induced.

If it is impossible to introduce food of any kind into the stomach, life may still be sustained by the use of nutritive enemata, such as concentrated beef-tea with eggs, milk, or gruel.

In acute gastritis and ulcer of stomach, the diet should consist of boiled milk, allowed to get cold, milk and lime water, or milk and soda water. The milk may also be thickened with isinglass, arrowroot, or ground rice.

In dyspepsia, the principle of management should be to keep the diet as much as possible to what is natural and sufficient, and to avoid reducing the patient to the use of fluid food only. If fluid food is continuously given, the powers of the stomach are thereby weakened, and the system is insufficiently nourished. The food must be simple and plainly cooked. Of meat diets, mutton (old, lean and brown, rather than young, fat and pale) is the most suitable; also chicken and game, white fish, such as whiting and soles, and these boiled or broiled (not fried); also stale bread, dry toast, floury potatoes, rice, farinaceous

articles of food. Anything containing fatty matter which has been baked, or fat which has been exposed to a very high temperature, is objectionable. Hence pastry and fried articles must be avoided; also dishes consisting of meats cooked a second time. Anything turned rancid by keeping, such as butter, may also upset the stomach and cause heartburn. Starchy and sugary articles may sometimes be obnoxious to the stomach, producing acidity and acid eructations (acid dyspepsia). Oatmeal and potatoes seem the most, and rice the least, disposed to be obnoxious in this respect. Cases of heartburn, itching of the skin, bronchial catarrh, irritability of urinary passages, acute dyspepsia, stomach-pain, cramp, vomiting or diarrhœa, skin diseases, such as lepra, psoriasis, eczema, are all direct manifestations of an over-acid state of the system, to be inquired into by an examination of the amount of free acid in the urine passed in the course of 24 hours.

Palpitations, fluttering of the heart, exaggerated pulsation of the large arteries, irregularities and intermissions of the pulse, aching pains in the limbs, burning patches, itchy patches, megrim, vertigo, noises in the ears, sleeplessness, and the like, often ascribed to the liver or to gout, may be also ascribed to an accumulation of acid in the system (Ralfe, Morbid Urine, p. 19), and suggest careful dieting in accordance with the urine indications. In all such cases the intervals between meals must not be too prolonged, and small quantities of food are to be taken at a time. A little food should be taken the last thing at night, and immediately on waking in the morning; alcohol and coffee are to be avoided.

Constipation, diarrhœa, flatulence, colic, show that the bowels are in a condition in which they are influenced in a marked manner by different kinds of food. Eggs have a tendency to favour constipation. Succulent vegetable food (fruit or vegetables) encourage alvine evacuations, promoting a loose state of the intestinal canal. Such kind of food is indicated when a costive habit prevails; and fruit eaten in the early part of the day may succeed in securing a proper activity of the bowel functions. On the other hand, where looseness prevails, such food is contra-indicated, unless the scorbutic diathesis be present.

Leguminous seeds (peas, beans, &c.) are the most prone to give rise to flatulent dyspepsia. In flatulent dyspepsia, the urine has its normal acidity decreased. It may be neutral or alkaline, in severe cases it persistently deposits oxalates with carbonates of the fixed alkalies

(potash and soda). In such cases the food must be well masticated—the teeth must be looked to—the meat must be tender, easy of digestion, and well cooked. The meals must be taken regularly, and intervals of abstinence not too prolonged, not more than four hours, and not much food at a time. Alcohol and coffee are to be avoided. Fluid is to be taken in small quantity at meal times, and aërated waters avoided. Fluids are best taken two hours after meals.

In dysentery and enteric fever scrupulous attention must be given to dieting. The intestines must be kept in as tranquil a state as possible. The food must be the least stimulating and irritating to the mucous surfaces and muscular fibres. Milk alone, or milk with isinglass, or with beef-tea, chicken broth, raw meat juice, cream, and barley water, and the various peptonised foods, especially rice, are the most valuable. Next to these are eggs beaten up in milk or in whey; ice and iced drinks are very grateful. As convalescence advances, white fish, white-fleshed poultry, game and mutton, may be gradually allowed, as already indicated. Salted and dried meats are to be prohibited, and also fruit and succulent vegetables, unless the scorbutic diathesis be present. But, if these latter are not admissible from any cause, then lime juice will be frequently required as a dietetic drink in the daily allowance of water, in order to counteract the otherwise inevitable tendency to scorbutus.

To guard against scurvy is a point of great importance in dietetics. Patients, both in military and civil practice, are often kept for weeks on a diet from which the vegetable elements are either excluded or do not enter in sufficient quantity, the result is the disease under which the patient labours *plus* scurvy. This caution is particularly necessary in dealing with patients coming from India or other malarial climates. Recent observations made in India show that many soldiers, not under treatment for disease, are found on careful inspection to be more or less scorbutic. If such men are smitten with any form of disease, but more particularly dysentery or diarrhœa, all treatment for their relief will be in vain until the scorbutic condition is corrected by proper dietetic regimen.

Meat alone is unwholesome if taken without vegetables for any length of time. Beef-tea will be taken by patients when they refuse all other kinds of food. This is especially the case in the febrile state generally. It has a certain "staying" or sustaining power, apart

from any nutrient value, which latter it does not possess in any marked degree, unless other aliments are added to it, such as arrowroot, or flour of wheat, oats or barley. Such combinations seem to acquire a nutritive power out of all proportion to the solids they contain (Christison). Milk and the preparations of milk are the most important articles of food for the sick. Butter is the lightest of animal fats (milk fat). It enables the patient to enjoy his bread. All preparations made from flour of wheat, oats, groats or grits, and barley, are to be preferred to any and every preparation of arrowroot, sago, tapioca, corn-flour, semolenta and their kind. Cream in long chronic ailments cannot be surpassed. It contains 26·7 per cent. of milk fat. It is easier of digestion than milk, and seldom disagrees.

The total amount of fluids (of all kinds) taken throughout the 24 hours should be carefully regulated, their quantity accurately measured, and for this purpose a table, like the one appended, may be of use in specially grave cases.

Appendix No. 2.

BENTON'S DIET CHART.

DISEASE.

NOTES OF CASE.

Name

Age

Day of disease

DIET

N.B.—20 oz. to 1 pint; 2 tablespoonsful to 1 ounce.

Date

Time.	Milk.	Beef tea.	Broth.	Brandy.	Medicine.	Sleep.		Extras.	Remarks.
	oz.	oz.	oz.	oz.	oz.	hrs.	min.		
10 a.m.									
11 "									
12 p.m.									
1 "									
2 "									
3 "									
4 "									
5 "									
6 "									
7 "									
8 "									
9 "									
10 "									
11 "									
12 a.m.									
1 "									
2 "									
3 "									
4 "									
5 "									
6 "									
7 "									
8 "									
9 "									
Total ..									

Appendix No. 2.

The most approved methods of preparing and keeping in a fit state the selected articles of Diet and Extras deemed necessary.

These points embrace the cooking of food. In nearly all civil hospitals in London and the provinces of England and Scotland, the weight of the meat in the diet is the weight after it is cooked; and in some (*e.g.*, the London Hospital) it is specially noted that the meat is "weighed when cooked and free from bone." Also in the Glasgow Infirmary, it is "cooked weight, free from bone." In the Middlesex Hospital, London, the weight of meat is that of undressed meat. In the Edinburgh Infirmary the weight is understood as applying to the food before being cooked.

In the diet table for military hospitals it is not stated on the table itself whether the weight of the meat is to be taken cooked or uncooked; the actual practice is to weigh the meat *uncooked*.

Meat loses in cooking, the loss varying with the quality of meat, and the process of cooking. The ordinary percentage is as follows (Letheby, quoted by Pavey, on Food and Dietetics, p. 471):—

	Boiling.	Baking.	Roasting.
Beef, generally...	20	29	31
Mutton "	20	31	35
Legs of mutton...	20	32	33
Shoulders of mutton	24	32	34
Loins of mutton	30	33	36
Necks of mutton	25	32	34
Average of all	23	32	34

But other losses are sustained; *e.g.*, for bone alone it is usual to deduct 20 to 25 per cent.; the rule in the Army being to add *one-fourth* to the ration when it is issued with bone, which is equivalent to a deduction of 20 per cent. from the estimated nutritive value of the total ration. There is also some loss from the presence of indigestible tissues, such as areolar tissue and the like, but in good well-fed meat this is comparatively small.

The gravy and fat which drain from the meat in roasting ought to be utilised for the patients as far as possible; the gravy being served with the meat, and the fat or dripping added *to the* vegetables (such as cabbage

or the like), or otherwise used for the cooking of the diets.

Food ought not to be left at the patient's bedside. Milk or beef-tea ought not to be supplied in quantity equal to a whole day's allowance at one time and so remain to be consumed, or to be removed unconsumed after so standing for 10 or 12 hours in a ward. The due allowance for the particular diet should come at the proper time; and if not consumed within a reasonable time (say one or two hours) it ought to be removed. It would therefore be well if some place was provided (outside the ward) such as a meat safe (handy outside a north window) sufficient to hold the daily allowances of milk, beef-tea, or other fluid foods. Milk that is sour, soup or beef-tea which is turned, bad eggs or underdone vegetables, ought never to be brought to a patient. The least change or sourness in milk, makes it, of all foods, the most injurious; and, if taken by a patient, indigestion or diarrhœa is a common result. At the same time, it ought to be remembered that nothing is so absorptive of odorous vapours or volatile flavours as fats; and that milk and butter absorb and retain the odours from cheese, meat, and from every kind of vegetable or animal matter, given forth by decomposition or otherwise. If improper, strongly-flavoured food has been given to cows, the butter made from their milk will reveal the same taste and flavour.

Necessity on the part of Medical Officers of giving Specific Instructions to the attendants and Nurses regarding the giving of Food in each case, and the Best Method of Administering Nourishment in Severe Cases.

These points embrace the quantity of food taken at a meal, or at any particular time, the times of eating; and provision for the administration of food during the night as well as during the day.

The quantity of food given at any one time should be in proportion to the powers of digesting it, and to compensate for any diminution of quantity at one time there should be corresponding increase in the frequency of administration. "Little and often" is the maxim in such cases. There is a want of staying power in sickness which renders it necessary to shorten the periods of abstinence from food as much as possible.

From 5 p.m. till 8 a.m. patients are apt to be neglected as to food, unless their feeding is specially

provided for. This ought to be done by special arrangement, instructions to that effect being given to the night attendants. Weak patients may not be able to take food of any kind until well on in the forenoon, especially if suffered to fast throughout the night. For such cases a spoonful of beef-tea, or of arrowroot with wine, or of egg with milk, given every hour during the night, will afford the required nourishment, and prevent over-exhaustion and the consequent incapacity to take such substantial diet as may be prescribed during the day. It is better to give small quantities, often, than larger amounts at longer intervals, such as a cupful (5 to 10 ounces, according as a teacup or breakfast cup is meant) every three hours; the patient's stomach may not tolerate so much at a time—better a tablespoonful every hour, or even a teaspoonful every half-hour.

The food should be given punctually at the time ordered. When food is persistently declined by a patient who is very weak, the medical officer ought to ask him the question: Is there any hour or time that you fancy you can eat? and if he can so relish food, let him be tried with it at the time he names. The food that is most relished is generally most needed and best digested. Disrelish for food indicates incapacity to digest it, or, at least, defective digestive capacity. The diet chart given may be useful to note down for the medical officer's information what articles and how much of them prescribed in the 24 hours have been given by the nurse or attendant in charge of the case.

APPENDIX No. 3.

(See paragraph 372.)

INSTRUCTIONS FOR COOKS IN MILITARY HOSPITALS.

The following simple rules will be strictly observed by every Military Hospital Cook :—

(1) The kitchen should be always clean and tidy, everything being, as far as possible, in its right place. The tables should be scrubbed with soap and water daily, the floor washed frequently, and the chopping-block scraped.

(2) The day's work will not be considered finished until the cook has emptied and cleaned thoroughly, and carefully wiped, every pot, saucepan, or other cooking vessel in his charge. Damp will soon rust tin vessels ; and vegetables, if kept in a metal saucepan, will turn sour and corrode the the metal.

(3) Saucepans, stewpans, and other cooking vessels, must not remain on the fire without a sufficient quantity of water or other liquid in them to prevent burning. When a pan is injured in this way it becomes quite unfit for cooking purposes. The *bain marie*, or hot-water pan, is to be placed on the hot plate or hob of the stove, or over gas, filled with water, into which will be placed the block-tin saucepans : these saucepans must never be placed by themselves directly on the fire or gas ; the hot-water pan, after the work of the day is over, must be emptied and dried.

(4) The copper boilers in use should at all times be kept well tinned, otherwise they may become very hurtful, and even poisonous for cooking purposes.

(5) On no account must anything acid, or liable (as vegetables, for instance) to turn sour, be retained in vessels of glazed ironware, as the glazing, being of a metallic nature, may mix with and injure such food.

(6) A different strainer must be employed for beef-tea, and all greasy liquids from that used for lemon-

ade, barley-water, and similar drinks. For the former, wire strainers may be used, but not for the latter.

(7) In preparing diets or drinks, the cook will be attentive to the quantities directed in existing regulations, and in apportioning the quantities must, on all occasions, use the weights and measures at his disposal. He will also be strictly guided by the time given.

(8) Great care must be observed in sending the meals to the wards hot; for however well in other respect the cook may succeed in his task, if the diets are received by patients in a cold or lukewarm condition, one-half the benefit of good cookery will be lost to them.

(9) On receipt of the articles of diet for the day, the cook should weigh them in the presence of the issuer, and also of one or two patients, to satisfy himself and them that the proper quantities have been issued. These quantities should be entered on the slate furnished to him for that purpose.

(10) The bread and tea in the tea diet are to be apportioned according to the instructions of the medical officer.

(11) The meat on low diet is to be used so as to make three-fourths of a pint of good beef-tea for each patient on such diet.

(12) The meat on half and entire diets is to be boiled with the vegetables, barley, and flour, so as to allow to each patient the quantity of soup specified in the diet table; and in accordance with the Allowance Regulations a quarter of an ounce of sugar for each diet may be charged in addition to that on the dietary, also pepper for seasoning will be allowed, at the rate of 2 oz. for every 100 diets of all kinds, excepting tea and milk. The meat on varied diet is roasted, baked, or stewed, and 2 oz. of extra bread is given in lieu of the barley and flour; 1 oz. of mustard may be issued for every 20 beef diets.

(13) In the diets, when soup is given, the vegetables are to be cooked in bulk, and served up to each patient in the proportions specified.

(14) When potatoes cannot be procured of a sufficiently good quality, 3 oz. of rice, or 3 oz. of flour, or 8 oz. of bread, may be substituted in lieu of 16 oz. of potatoes.

(15) Preserved potatoes, when issued, will be in proportion of an ounce of the preserved to 5 oz. of fresh, and an ounce of mixed preserved vegetables in lieu of 10 oz. of fresh. When egg-powder is used instead of eggs, two large tea-spoonfuls will be found equal to a fresh egg, or an ounce of powder to three eggs; the powder should be gradually mixed with cold water, well beaten, and allowed to stand a little time before it is used for cooking.

(16) Milk is to be calculated at 20 oz. to the imperial pint.

(17) When meat is issued with bone, an additional quantity, equal to 4 oz. per lb., will be allowed. A fowl to produce 1 lb. of meat (or two diets) should weigh not less than 1¼ lb.

(18) When small quantities of flour, sugar, butter, &c., are required by the cook to prepare the diets in accordance with any of the directions, he should apply to the medical officer to sanction the issue.

The cook will be further guided by the following additional rules :—

(19) Roast mutton.—In carving a leg of mutton, hold the knuckle or shank bone in the left hand, the inside of the leg turned upwards. The first slice should be cut slantways, close to the knuckle; and continue cutting in slices down to the thigh bone, passing the knife round it. The fat from the broad end should be cut away in the first instance, and distributed as required.

(20) In a shoulder of mutton, the meat, before being cut up into diet portions, should be cut from the bone in the following way :—Cut the meat off in one piece from the under part of the bladebone by running the knife close to the bone: then turn it over, and cut down on each side of the ridge bone; then run the knife up under the meat, close to the bladebone, there will only remain a few pieces round the shank bone, which should be cut up and distributed among the diet portions. The meat should be cut in slices across the grain.

(21) If a neck of mutton is roasted, it should be trimmed, and a great part of the fat removed. The *scrag end* should be boned, rolled, and tied round, the bones being put into the soup. For broth, the neck of mutton should be divided into

chops; for half or entire diets, they should be skewered and tied up, and boiled in the broth.

(22) Chops should be always trimmed before they are cooked.

(23) Roast beef.—In small hospitals the parts sent for roasting are generally the middle and chuck ribs (the middle has four, and the chuck three, ribs), or part of them. In all cases this description of joint should be *boned*, that is, the bones should be broken and placed in the soup, and the meat then rolled, skewered, and tied with a strong string. If baked, the meat should have a piece of greased paper placed over it. In carving for distribution the meat should be cut in slices; if, however, the joint is roasted with the bone, the meat should be removed in one piece from the bone, by inserting the knife under it, close to the bone; the bones should be used for soup.

(24) The shoulder (or leg of mutton piece) should be cut from the bone after it has been cooked.

(25) When the buttock and mouse buttock is supplied for roasting, the meat should be cut when raw from the bone, and then cut across in pieces of two inches thick. The French make a hole in the meat half an inch square, with a skewer, and fill it with fat. The pieces should then be cooked very slowly, and, when carved for distribution, in the slices of half an inch thick across the grain. The same plan should be adopted when the meat is stewed or boiled in soup.

(26) Fowls should be roasted whole, and afterwards divided. But if one portion of a fowl is required, a quarter should be cut from the raw fowl, covered with paper, and either baked or roasted. If a fowl has been once cooked, to make it hot again it should be placed on a plate in a basin, with very little water under the plate; it should then be covered over with another plate, placed in the oven, and kept there for 20 minutes.

(27) Fish diets; the fish should, if possible, be filleted from the bone; a plain sauce may be made of the skins, bones, and cuttings, boiled in a little water, with a sprig of parsley and salt, and strained. A sole is filleted by removing both skins, cutting off the head, making a cut down

on each side of the back-bone, and inserting the knife under the flesh close to the bone. Each sole will make four fillets, which should be placed in a baking dish, slightly greased, with a piece of paper over it, and kept in the oven from 10 to 15 minutes.

(28) When cod, haddock, ling, &c., are to be boiled, they should be cut in slices when raw, and each slice tied round with string, to be removed when the fish is dished up. Small haddocks and large whiting are best filleted and done as soles.

(29) As very great difference exists in the quality of beef, mutton, fowl, and fish, it is essential that the cook should be able to form a correct opinion as to the quality of these articles, and at once, when the quality is inferior, report the same to the steward.

(30) Four-year old beef is the best for hospital use. Ox beef will make the highest flavoured beef-tea. Younger meat may be more tender, and make apparently stronger soup, but, like veal broth, it is merely more gelatinous. The lean of ox beef is of a bright red colour, cow beef of a pale red ; a very dark beef indicates bull beef, which requires longer cooking. The colour of the fat, if yellow, indicates that the animal has been fed upon oil-cake, the meat of which is not so good for hospital use as that of cattle fed on roots or pasture.

(31) The mutton for broth should be, if possible, four years old ; 30 per cent. more of two-year old mutton is required to make the same quantity and quality of broth as four-year old. Ram mutton, if lean, can be used. As mutton differs in quality and flavour in almost every county of the United Kingdom, it is impossible to describe that which distinguishes the best in each variety, but *fine* white fat, flesh close grained and of a bright red colour, the inside of the leg well formed and plump, indicates good mutton.

(32) In cooking old fowls for chicken soup or tea, place bones and all, with very little water, in a wide-mouthed bottle, and then put in a stewpan of boiling water. After boiling for two hours, strain off, and serve ; the broth being diluted if deemed too strong : chickens only should if, possible, be used for chicken broth.

(33) In roasting fowls in ovens the same directions should be observed as for roasting fowls before the fire, but the oven must be made much hotter for fowls than for meat.

(34) The cook should be fully acquainted with the different qualities of flour, arrowroot, rice, &c., in order to know how to use them judiciously; for instance, some samples of flour will never thicken soup, and to ascertain whether it is suitable for that purpose, a teaspoonful should be tried to see whether it can be made into tough paste. Rice also varies much; it is not always the finest and whitest that is the most nourishing, or makes the best puddings; the common Bengal cargo rice is, in such respects, in general, superior even to the best Carolina. Potatoes in damp weather, or those grown in a damp locality, are better steamed or baked in their skins: they are liable to fall to pieces if boiled.

(35) When chops or steaks cannot be broiled in frying-pans they should be cooked in a very hot oven. With frying-pans, the following mode should be adopted: Place the frying-pan on the fire, clean it well, rub some salt on it to make it quite dry and clean; then place in the chop or steak, inclining one side of the pan downwards, so that none of the melted fat touches the meat; turn it often, to retain the gravy in it.

(36) Fish to be broiled should, in the first place, be thoroughly dried; the frying-pan should then be made ready with the bottom well covered with fat, not too hot, which may be ascertained by throwing in a few bread crumbs or a drop of water; immerse the fish in it and cook gently; when taken out it should be placed on a clean napkin.

(37) Milk, rice-milk, &c., are best boiled in one sauce-pan within another, as in the *bain marie;* milk, &c., should also always be kept hot in this way.

(38) Great care is necessary in the management of the stove or fireplace, so as not to exceed the allowance of coals. The old open grate is now mostly replaced by either a kitchen range with oven and boiler, or a Flavell's kitchener, or a Captain Marsh's range. Those with the oven and boiler, which are generally of the B.O. or W.D. pattern, require the back part of the grate to be kept

free from dust or soot, that the oven may get properly heated.

(39) Flavell's kitchener also requires the flues to be kept clean, without which no oven will bake well; this, as well as all close fireplaces, stoves, and boilers, should have the ashpit made to hold water, so that the cinders may drop into the water and thus keep the bars from burning out; it also adds to the heat of the fire. Captain Marsh's stove, when fitted with hot-water cistern for baths, must never be left without water. When a fire is lighted in the hot-water grate, a warm bath may be had within 30 minutes, if the flues are kept clean.

(40) When doing duty on board ship, the cook will often have to use preserved provisions, as essence of beef, mutton broth, boiled chicken, mutton and beef; such meats are as a rule too much done, and never make food as good as that which the cook prepares from the raw materials. Invalids, although they partake of the broth, or gravy, from preserved meat, will seldom eat the meat itself. In cooking in most cases it is necessary only to remove the lid of the tin and to place it in a stewpan of boiling water; the pan should be kept on the fire, or in the oven, until the contents are warmed through; the fat on the top then removed, and the food sent up to the patient The contents may also be emptied out of the tin into a stewpan, with a little water, and boiled; then seasoned or flavoured according to taste or direction, and the broth strained from the meat and served; the meat will make an excellent panada. Essence of beef added to this broth makes it stronger. Preserved vegetables, as carrots, parsnips, onions, potatoes, &c., as well as dried parsley and other herbs, can all be introduced into these broths or soups, at discretion.

(41) For stews, the tins of beef and mutton (fresh or corned) may be used in any form; an Irish stew may be made either with fresh or preserved onions and potatoes; if fresh, the onions should be sliced thin, placed in a stewpan with a little fat, and allowed to get warm through, not browned; then add the potatoes with a very little water; when the potatoes are nearly done, add the seasoning, and empty the contents of the tin carefully on the

top; when the potatoes are done, the meat will be sufficiently warmed through, and may then be served. Soup and bouilli in tins will always admit of more water being added, and if raw vegetables are added they should be first boiled and mixed with the contents of the tin five minutes before serving.

(42) Salt beef or pork, if used at any time, should be soaked for at least thirty-six hours in water, changing the water three or four times. When being cooked, the water should also be changed the moment it begins to boil, and cold water added; in this way, salted meat may be used almost like fresh; but in making soup from salted meat, a large amount of vegetables should be added. Salt beef will also make an excellent panada, adding herbs and spice, and weight for weight of bread and eggs, and formed into balls and baked; it may also be served plain, or with any kind of sauce; or it may be put into pudding paste and made into dumplings.

(43) In stewing salt meat, a little sugar should always be added, and in frying, a little vinegar, or limejuice, or sour wine.

(44) In the case of frozen meat or vegetables, they should be placed in cold water in a warm room until thawed. Bread should be treated in the same way, and then dried or re-baked, which makes it eat like new bread.

(45) It may sometimes occur that porridge of Indian meal or maise flour is ordered; if so, the meal or flour should first be soaked in cold water, *in a cold place* for twelve hours, and whatever floats on the top removed; it should then be boiled slowly for five or six hours.

APPEN

(See paragraphs

DIET

(*Paragraph* 55

Military Hospitals.—Articles composing the

Tea.	Milk.	Low.	Chicken.
Bread ... 12 oz. Tea ... ¼ ,, Sugar ... 2½ ,, Milk ... 6 ,,	Bread ... 12 oz. Rice ... 2 ,, Milk ... 3 pints Sugar ... 1 oz.	Beef ... 8 oz.* Bread ... 14 ,, Salt ... ½ ,, Tea ... ¼ ,, Sugar ... 1½ ,, Milk ... 6 ,, Butter ... 1 ,, * Without bone.	Fowl ... 8 oz.* Bread ... 16 ,, Potatoes 8 ,, Salt ... ½ ,, Tea ... ¼ ,, Sugar ... 1½ ,, Milk ... 6 ,, Butter ... 1 ,, * 10 (if with bone).
			Break
Tea ... 1 pint Bread ... 4 oz.	Milk ... 1 pint Bread ... 4 oz.	Tea ... 1 pint Bread ... 5 oz. Butter ... ½ ,,	Tea ... 1 pint Bread ... 6 oz. Butter ... ½ ,,
			Din
Tea ... 1 pint Bread ... 4 oz.	Rice milk ... 1 pint Bread ... 4 oz. Sugar ... 1 ,,	Beef tea ... 15 oz. Bread ... 4 ,,	Fowl ... 8 oz. Rosted, boiled, stewed or made into chicken tea 12 oz. Bread ... 4 ,, Potatoes ... 8 ,,
			Sup
Tea ... 1 pint Bread ... 4 oz.	Milk ... 1 pint Bread ... 4 oz.	Tea ... 1 pint Bread ... 5 oz. Butter ... ½ ,,	Tea ... 1 pint Bread ... 6 oz. Butter ... ½ ,,

Note.—Drinks for patients are to be made and

Barley Water.—Barley, 2 oz.; sugar, 2 oz.; for every five pints.

Rice Water.—Rice, 2 oz.; sugar, 2 oz.; for every five pints.

2 ozs. of pepper may be issued for every 100 diets except tea and milk diet.

1 oz. of mustard may be issued for every 20 beef diets.

DIX No. 4.

114, 843, 844.)

TABLE. Army Form I 1203,

Allowance Regulations.)

different Diets for a day.—Avoirdupois Weight.

Half.	Roast.	Entire.	Varied.
Meat { Beef or Mutton. } 8 oz.*	Roast joint, Chop, or Steak.	Meat { Beef or Mutton } 12 oz.*	Meat { Beef or Mutton. } 12 oz.*
Bread ... 16 ,,	Joint { Beef or Mutton } 10 oz.	Bread ... 16 ,,	Bread ... 18 ,,
Potatoes ... 8 ,,	or Chop ,,	Potatoes ... 16 ,,	Potatoes ... 16 ,,
Barley ... 1½ ,,	Steak without bone ... 8 oz.	Barley ... 1½ ,,	Salt ... ½ ,,
Salt ... ½ ,,	Bread ... 18 ,,	Salt ... ½ ,,	Tea ... ¼ ,,
Tea ... ¼ ,,	Potatoes ... 8 ,,	Tea ... ¼ ,,	Sugar ... 1½ ,,
Sugar ... 1½ ,,	Salt ... ½ ,,	Sugar ... 1½ ,,	Milk ... 6 ,,
Milk ... 6 ,,	Tea ... ¼ ,,	Milk ... 6 ,,	Vegetables 4 ,,
Vegetables 4 ,,	Sugar ... 1½ ,,	Vegetables 4 ,,	Butter ... 1 ,,
Butter ... 1 ,,	Milk ... 6 ,,	Butter ... 1 ,,	—
Flour ... ¼ ,,	Vegetables 4 ,,	Flour ... ¼ ,,	Meat—roasted, baked, or stewed.
* 10 (if with bone).	Butter ... 1 ,,	* 15 (if with bone).	* 15 (if with bone).

FAST.

Tea ... 1 pint	Tea ... 1 pint	Tea ... 1 pint	Tea ... 1 pint
Bread ... 6 oz.	Bread ... 6 oz.	Bread ... 6 oz.	Bread ... 6 oz.
Butter ... ½ ,,	Butter ... ½ ,,	Butter ... ½ ,,	Butter ... ½ ,,

NER.

Soup... ... 15 oz.	Roast Joint; Chop or Steak roasted or stewed.	Soup ... 1 pint	Meat... ... 12 oz.
Meat... ... 8 ,,	—	Meat ... 12 oz.	Bread ... 6 ,,
Bread ... 4 ,,	Meat... ... 8 oz.	Bread ... 4 ,,	Potatoes ... 16 ,,
Potatoes ... 8 ,,	Bread ... 6 ,,	Potatoes ... 16 ,,	Vegetables ... 4 ,,
	Potatoes ... 8 ,,	—	
	Vegetables ... 4 ,,		

PER.

Tea ... 1 pint	Tea ... 1 pint	Tea ... 1 pint	Tea ... 1 pint
Bread ... 6 oz.	Bread ... 6 oz.	Bread ... 6 oz.	Bread ... 6 oz.
Butter ... ½ ,,	Butter ... ½ ,,	Butter ... ½ ,,	Butter ... ½ ,,

charged according to the following proportions :—

Lemonade.—Two large lemons; and sugar, 1½ oz., to two pints.

Gruel.—Oatmeal, 2 oz ; and sugar, 1½ oz., to two pints.

One-fourth of an ounce of sugar may be charged for each soup diet in addition to the allowance in the scale.

APPENDIX No. 5.

(See paragraph 1084.)

INSTRUCTIONS AS REGARDS CHOLERA EPIDEMICS.

Instructions to Commanding, Medical, and other Officers of the Army, for Guidance at a time when there is reason to anticipate an Outbreak of Cholera, or when it is actually Prevalent among the Troops.

Officers whose duty it is to see to the health and comfort of the troops are especially required to exercise the utmost vigilance at a time when cholera is prevalent, or when there is reason to believe an outbreak may be expected.

I.—*Measures to be adopted when there is a threatened invasion of Epidemic Cholera.*

1. All officers, but more particularly officers commanding, and medical officers doing duty with troops, and in charge of station and other hospitals, will make themselves acquainted with every detail bearing on the health of the troops, and the sanitary condition of the surroundings of barracks and camps.

2. Every insanitary condition within the limits of barracks and camps will be promptly remedied or abated, and representations made to Local Boards, or others entrusted with sanitary powers, for the removal of nuisances in the neighbourhood.

3. As much cubic space and superficial area as practicable will be afforded to each individual living in barracks.

4. The ventilation of rooms will be carefully attended to, especially at night, and means taken to prevent apertures for ventilating purposes being closed. The windows of all barrack rooms will be opened during the daytime.

5. The floors of barrack rooms will not be washed in wet weather, but dry scrubbed.

6. Authority will be obtained, if necessary, for the cleaning and lime-washing of walls and ceilings in quarters, hospitals, barracks, and stables.

7. Ashpits and cesspits will be regularly emptied, and the walls disinfected by means of quicklime or milk of lime made from quicklime. Old accumulations (if such exist) will not, however, be disturbed, but the surfaces treated with a free use of quicklime.

8. All urinals, latrines, sinks, and drains will be thoroughly flushed at short intervals, and afterwards disinfected by solutions of lime or chloride of lime.

9. No putrefying animal or vegetable matter will be thrown into ashpits or dust bins, but will be collected in swill tubs and removed daily.

10. All traps, ventilating shafts, and valves connected with sewers, drains, and sinks will be examined and made good where defective.

11. Particular attention will be directed to the water supply, whether public or private. Strict investigation will be made as to the possibility of contamination, either directly or by percolation or leakage; any impure supply will be immediately cut off. Cisterns or storage tanks will be cleaned, and the connection of waste-pipes with drains examined; if tanks are found to be in an unsatisfactory condition, water should, if possible, be drawn direct from the main pipes. All filters in use will be looked to.

12. The rations and vegetables issued to the troops will be carefully inspected, and as much variety as possible afforded in cooking. The importance of not using uncooked vegetables or unripe or decomposing fruit should be enjoined.

13. All canteen supplies will be carefully examined.

14. The ordinary duties of the men should not be excessive, and the night duties should be reduced as far as practicable; duties subjecting men to wet clothes or wet feet should, if possible, be avoided, but when exposure is unavoidable, wet articles of clothing should be changed as speedily as possible.

15. All bedding will be regularly aired, and, if the weather permit, exposed to sun and wind out of doors.

16. A small body of men should be exclusively set apart for the purpose of carrying out conservancy duties in barracks, under a military officer, and on the advice of the medical officer in charge.

17. Medical officers will make frequent inquiry as to the existence of diarrhœa among the men, and take steps for its prompt detection and treatment.

Appendix No. 5.

I.—*Additional measures to be adopted when Cholera has appeared among the Troops or the surrounding population.*

18. When cholera has appeared among the civil population soldiers should be prohibited from going into the affected districts, and pickets, if necessary, placed to prevent their doing so.

19. If there is any overcrowding in barracks or married quarters, it should be remedied by camping out a portion of the troops, if the weather permits.

20. The men should be warned against intemperance, and every means taken to repress it.

21. Tea or coffee should be issued before going on early morning or night duties.

22. Health inspections should be frequently made, but in such a manner as not to create alarm.

23. The minds of the men should be occupied by healthy amusements and exercise.

24. Each man should be provided with two flannel belts as part of his necessaries, and flannel shirts should likewise be worn.

25. The non-commissioned officers should be instructed to be on the watch for men suffering from looseness of the bowels, so as to have them at once brought under treatment in hospital.

26. The women should be warned that if they or their children suffer from diarrhœa they must at once apply for treatment.

27. On the occurrence of a case of cholera in barracks, the room from which the man has been taken will be vacated, fumigated, and cleaned.

28. When the disease has invaded a barrack, the troops will, under the orders of the General Officer Commanding, and when so advised by the Principal Medical Officer, be camped out, when practicable, on ground selected and under arrangements previously made by the Quartermaster-General's Department.

29. When cases occur in camp, the site will, if possible, be changed.

30. Barrack bedding will, if possible, be used in hospitals in the treatment of cholera patients, and will be dealt with in accordance with the Sanitary Instructions in these Regulations.

31. The evacuations of patients suffering from cholera *or choleraic* diarrhœa should be destroyed, and medical

officers will see that the stools and vomit are passed into vessels supplied with chloride of lime, cupralum, or carbolic acid powder, and thereafter buried in some place, or disposed of in a drain, set apart for the purpose.

32. All bedding and clothing used by cholera patients will be treated as laid down in the Sanitary Instructions of these Regulations.

APPENDIX No. 6.

(See paragraph 1154.)

SANITARY REPORTS.

In the preparation of annual or special Sanitary Reports on localities Medical Officers will be guided by the following outline of subjects :—

The geological formation of the country and its physical geography and medical topography.

Its features, mountains, valleys, rivers, lakes, marshes, vegetation, natural history, the diseases, particularly those of the preventable class, prevalent amongst its population.

Also its vegetable and animal products, their nature and amount, and their adaptation for furnishing supplies for troops; the sources, quality, and quantity of the water supply, and whether it is wholesome, and what means of purification are in use, if such be necessary.

At all stations they should describe the buildings in use for barracks or hospitals, guard-rooms, and cells, as regards position, exposure, elevation above the sea level, or above neighbouring low ground, or lake or river banks; their distance from sea, lakes, or rivers; the number of men they are capable of containing according to regulation, and the numbers actually in them; their structure, drainage, means, and sufficiency of ventilation; materials of which they are built; the number, length, breadth, and height of rooms and wards; the numbers and position of windows and doors; the average monthly cubic space each man has had in barracks, guard-rooms, cells, and hospitals; state of cleanliness within and without the buildings; and whether the walls are sufficiently lime-washed.

Means of lighting and warming; nature and amount of fuel.

Baths and lavatories, their condition, and if sufficient for cleanliness of troops and sick; whether there are bathing parades, and how often a week.

Kitchen and cooking utensils for barracks and hospitals, whether sufficient for a variety of cooking.

The amount and sufficiency of barrack accommodation for married soldiers, and the state of their quarters.

The sanitary state of latrines and urinals whether they

are flushed or emptied by hand, and at what intervals of time; also of water-closets, ashpits, stables, &c.

The nature and composition of rations, whether sufficient and sufficiently varied, and what facilities are afforded by the station for varying them; what fresh or preserved vegetables are used, and their average daily amount; whether the ration includes tea, coffee, or cocoa.

The nature and qualities of fruits and vegetables obtainable and in use, and their effects on health.

Whether rations and diets are properly cooked by roasting, boiling, baking, &c.

The quality of bread or of biscuit, and the amount of either in the rations.

The spirits, beer, or other liquors used by the troops, their quality and effect on health.

Similar information as to hospital diets, and a statement of any changes made in them on account of the character or kind of supplies available.

Whether the clothing of the troops is sufficient and adapted for the climate, and if not, to state what improvements might be made.

The nature of the bedding, and whether sufficient.

The nature and amount of duty or labour performed by troops, and their influence on health; drills how often, and at what hours they take place; length of marches and at what hours.

The proportion of nights in bed to those on duty.

Gymnastics, amusements, and recreations in use, and if conductive to health.

State of canteens, size and state of ventilation of rooms, and quality of provisions and liquors sold in them; whether the canteens are under proper regulations: whether disease is traceable to articles sold in them.

Amount of intemperance, of crime, and of disease directly or indirectly traceable to their effects, also the means adopted for repressing intemperance.

State of vaccination in corps and the extent to which it has proved a preservative against small-pox; whether re-vaccination has been required, and the results.

General defects in position of station, as whether on low ground near marshes requiring drainage, to be noted.

Also overcrowding in camps, barracks, huts, tents, or hospitals.

Defective drainage and ventilation of camps, barracks, huts, tents, or hospitals.

Marshes or wet ground, watercourses, or works of irrigation to windward.

River banks.

Nuisances, defective cleansing.

Want of cleanliness in barracks, huts, or hospitals, and want of limewashing.

Defective drainage of ground near barracks, hospitals, &c.

Defective sanitary condition of privies, latrines, water-closets, stables, &c.

Monotonous diet, defective diet, salt provisions.

Defective clothing.

Bad water; especially if organic impurity exists.

Drunkenness, or use of unwholesome liquors.

Nature and description of duties.

Heavy rains; unusual heats; calms.

Climatic peculiarities.

Prevalence of epidemics, and at what season. Where meteorological observations have been taken, their apparent relation, if any, to prevailing or epidemic disease.

Medical Officers should also endeavour to form an estimate of the relative value of each class of causes which have predisposed the troops to disease. They should give an account of any diseases which may have prevailed, together with a statement of what precautionary measures they recommended, either verbally or in writing, to Officers Commanding, and the result of their recommendations.

If any disease has become epidemic or prevailed in the district, they should examine carefully into its history and predisposing causes, and report on these as well as the steps recommended to protect the troops from it, with the results.

They should state to what extent new arrivals at a station abroad have suffered from disease; also the proportion of acclimatised troops affected, and whether the proportion of attacks and deaths have been greater among young soldiers or in those of more mature age.

If cholera has prevailed they should state the measures adopted for combating its spread, and for discovering and treating cases in the premonitory stages, and the result.

If any diseases such as fever, erysipelas, hospital gangrene, or infective wound disease have appeared among the sick *after* they have been admitted into hospital, they should report the history of the occurrence, its causes, the measures adopted to arrest them, and the results.

APPENDIX No. 7.

(See paragraphs 1095 to 1098.)

1. DISINFECTANTS AND DISINFECTION.

Chloride of Lime is the most powerful disinfectant, and is applicable either on a small or a large scale, and either in powder or in solution.

Cupralum is a powerful agent, and especially applicable on a small scale, such as to bed-pans, closets, &c., although it may be used more extensively when the supply is sufficient.

Carbolic Acid Powder may be used similarly to cupralum, to urinals, privies, dust-heaps, &c.

Quicklime is applicable on a large scale, when there is a considerable space and bulk of material to deal with. After midden heaps and foul channels, &c., have been emptied, quicklime may be freely sprinkled over them; it is also useful made into milk of lime, and poured into middens, large drains, cesspools, &c.

2. FUMIGATION.

When fumigation is resorted to, one of the following processes may be adopted, and the quantity of the agents employed calculated according to the amount of the cubic space to be acted upon :—

For each 1,000 cubic feet of space to be disinfected, take for the production of sufficient—

(*a*) *Chlorine Gas.*

Common salt	8 oz.
Oxide of manganese (in powder)... ...	2 oz.
Sulphuric acid	4 oz.
Water	4 oz.

The water and acid to be mixed together, and then poured over the other ingredients in a delf basin, which should be placed in a pipkin of hot sand;

or, (*b*) *Nitrous Acid Gas.*

Copper shavings	1 oz.
Nitric Acid	3 oz.
Water	3 oz.

Pour the acid and water upon the copper in a small jar;

or, (*c*) *Sulphurous Acid Gas.*

Sulphur ... ... 8 oz.

Burn in a metal vessel.

Before commencing fumigation all doors, windows, and other openings in a room will be closed.

Immediately the process has commenced the operator will leave the room.

At the expiration of from two to three hours, all doors and windows will be thrown open, and free ventilation established.

Barrack-rooms and wards will, as a rule, be entirely emptied before being fumigated.

APPENDIX No. 8.

(See paragraph 1107.)

CHEMICAL EXAMINATION OF WATER.

1. When there is reason to suppose that the water supply at any military station is of such a character as to be likely to injuriously affect the health of the troops, it will be subjected to chemical analysis at those stations where the necessary materials exist for so doing; and for that purpose in accordance with paragraphs 699 to 708, Regulations for the Royal Engineer Department, 1882, samples of the water will be forwarded by the Royal Engineer Department to the Principal Medical Officer at headquarters of the district, who will depute a medical officer qualified to conduct the analysis.

2. In the event, however, of no chemical test cabinet being available, or of its being deemed expedient at a home station to obtain the results of a chemical analysis from the Professor of Hygiene at the Army Medical School, the samples will be forwarded to the Principal Medical Officer, Royal Victoria Hospital, Netley, for transmission to the Professor of Hygiene.

3. The results of the analysis, and the opinion of the Professor of Hygiene, will be transmitted through the Director-General, Medical Staff, to the Principal Medical Officer of the district, who will communicate the same to the Commanding Royal Engineer.

APPENDIX No. 9.

(See Appendix 43.)

DESCRIPTION OF MAIGNEN'S "FILTRE RAPIDE," FOR FIELD OR BARRACK USE.

Construction of the Filter.

The filter consists of a perforated hollow frame, covered with asbestos cloth, and fitted into a tinned iron or copper case. At the bottom of the frame is the outlet tube, which passes through a hole in the case, and to it is screwed the tap, thereby fixing the frame in the case. An air tube passes up through the frame, over which at the top is placed a perforated screen.

The iron case is covered with wicker, to which hooks, &c., are fitted, to make it suitable for pack carriage.

Finely divided charcoal or carbo-calcis is provided to mix with the filtering water.

Method of Using.

The filter may be used either on or off an animal's back, on the ground, on a box, or attached to a wall, cart wheel, tail-board, &c. In filtering, first nearly fill the filter with water, and then mix one or two packets of the carbo-calcis in a bucket of water, and pour it into the filter over the screen ; next open the tap, and place a bucket under it ; at first some of the carbo-calcis will come through, and so long as it does so, simply return the same water again into the filter ; in a very short time the finely powdered carbo-calcis coats the asbestos cloth all over, forming thereon a perfect layer. The water will then come through pure and fit for use ; and once this is established it is unnecessary to put in any more carbo-calcis, or touch the filter probably for a week or more, during which time it will filter constantly with a good flow. If the flow materially slackens, however, it is a sign that the filter requires cleaning, and the frequent necessity, or otherwise, for that will of course depend upon whether the water used is comparatively clear or muddy. On the line of march, and after use, the filter should be allowed to empty itself completely by the tap. It is not intended that water should be carried in the filter. If the filter

after use is not to be again used for some time, it should carefully be dried before being put aside.

How to Clean it.

Unscrew the tap at the bottom, remove the screen at the top, and lift the frame bodily out of the iron case. The asbestos cloth can be cleaned, without being taken off the frame, either by directing a stream of water on it, or brushing with the soft brush, or both, but great care must be taken not to injure or tear it by rough handling; should it be injured a new cloth can be substituted. Replace the frame as before, and resume filtering by again first using some of the carbo-calcis as above directed; it will be necessary also to clean and begin filtering with fresh carbo-oalcis should the filter have been laid aside or not used for some time. Should the asbestos cloth become very dirty it can be untied, taken off the frame and roasted before a fire, to which it can be put close without fear of burning; it must be carefully reapplied.

APPENDIX No. 10.

(See paragraph 604.)

THE TRAINING OF ARMY MIDWIVES.

General Regulations.

1. If possible such women only as are without family should be selected for instructions as Army Midwives, and a preference given to such as possess a fair elementary education.

2. Practical instruction at the patient's bedside, under the personal superintendence of the medical officer, should be given, as frequently as practicable, to the women attending the class, to illustrate the principles and directions laid down in the lectures.

3. A certificate of proficiency can be given to each woman who has regularly attended a full course of lectures, and has shown by her replies at a final examination that she is quite conversant with the subjects taught. But no woman should be admitted to such final examination, until she has attended at least 20 cases of labour to the satisfaction of the medical officer.

4. At convenient hours, and not oftener than three times a week, the medical officer will hold a class for the instruction of the women in the form of lecture and oral examination, illustrated—when practicable—by models and diagrams.

5. The length of such theoretical course of instruction should, as a general rule, be limited to three months, including 36 lectures. Should a woman after this fail to qualify as laid down in paragraph 3, she should be, at the option of the medical officer, remitted to a further course of study, or otherwise.

6. An outline of the course of instruction which midwives should undergo is appended.

At some stations it will probably not be found possible to give full instruction in all the details of this outline, but an attempt should be made to approach to it as nearly as possible.

Outline of Instruction by Lectures.

1. A simple and general idea of the human skeleton.

2. A more particular description of the female pelvis, its bones, measurements, axes, natural and deformed states.

Appendix No. 10.

3. A simple account of the female sexual organs, and the anatomy and physiology of the vagina, uterus, ovaries urethra, rectum, &c., with their relation to each other.

4. A simple account of the development of the fœtus, its growth, nutrition, membranes, &c., with remarks on the placenta and umbilical cord.

5. Some account of the impregnated uterus; the signs of pregnancy; the duration of utero-gestation; death of the fœtus in utero, &c.

6. Abortion and premature labour, the signs of their coming on, means of prevention.

7. Full instructions on the mechanism of labour.

8. Instructions as to presentations in labour.

To distinguish natural from mal-presentations.

9. Natural labour, its three stages, and their average duration; application of knowledge required under former heads; condition of parts at each stage; on undue interference; the delivery; parts that may be injured in delivery; attention to bladder and rectum; management of the cord and placenta; attention to compresses, bandages, bedding, comfort of patient generally.

10. Preternatural labours, distinguishing marks of each variety. Deficient and excessive uterine action; rigidity of the parts, tumours, accumulations in the various viscera; deformities; affections of the fœtal membranes, of the fœtus itself; plural births, &c.

11. Complex labours; cord presentations; retained placenta; hæmorrhage; convulsions; rupture of different parts, &c.

12. Conditions after birth; syncope; flooding; abnormal uterine contraction; inversion of uterus; the lochia; puerperal conditions, fever, mania, &c.; infection; cleanliness; recumbent posture and its term; proper food; stimulants, &c.

13. The child: attention to it; asphyxia; deformities; occlusions; treatment of the cord; first food; popular fallacies; the mother's breast, nipples, milk, &c.

General Principles of Sick Nursing.

It being of great importance that the woman under training should also have a clear and correct conception of the general principles of sick nursing, a few lectures should be devoted to this purpose. The instructions here appended should be amplified and illustrated by the medical officer as occasions offer.

1. *The Sick Room.*—It should be kept scrupulously

clean, but excessive, sweeping, rubbing, and other movements creating noise and raising dust should be avoided. The least possible amount of furniture and hangings should be retained in the room, as tending to diminish cubic space, impair ventilation, and attract dust, infectious emanations, &c. Means should be taken to secure a free ventilation, and as much sunlight as possible, without actually exposing the patient to draughts or to glaring light. Care should be taken to regulate the amount of fire in the room, so that the temperature should remain at about 60°. It is useful to have a thermometer hung away from the fire and near the patient, to show this. It should also be remembered that gas-burning and other artificial lighting tend to vitiate the air, and heat the room, and they should be employed only sparingly. In most conditions of weather, in most rooms, it will be possible and proper to open the windows freely from the top for a reasonable time or times every day. Patients are not more likely to catch cold when properly covered up in bed, than when moving about dressed. A general cheerfulness of arrangement, or even ornamentation when practicable, should not be neglected in a sick room, and the general feeling should be one of order, quietness, and repose. The fumigation and disinfection of a sick room should only be carried out under the direction of the medical officer, but the immediate removal of all discharges from the sick, and the thorough purification of the vessels before repiacing them should never be neglected. The same rules apply to all dishes which have been used for food and drinks. If possible, cooking should not be carried on in a sick room, although drinks or other articles may be warmed or kept warm, when it is otherwise necessary to have a fire. Access to a sufficient supply of hot and cold water is very desirable.

2. *The Care of the Patient.*—There are very few cases in which it is not possible, and indeed imperative to sponge daily with tepid water, at least, the hands and face of the sick person. At longer intervals there is seldom objection, and nearly always much advantage from this refreshing process being extended to the other parts of the body, care being taken not to wet the bedding. In feverish cases or where the patient craves it, the lips may be safely moistened at short intervals with cold water, or very dilute vinegar and water, and a cloth or towel wrung out of the same may be passed over the face or laid on the forehead with refreshing effect. The bed and bedding should be scrupulously clean, and changed as often as

necessary, spread evenly, so as to be neither too hard nor too soft, and without crease. The head and shoulders are better somewhat raised by an elastic feather pillow, especially during the day.

Examination should be frequently made as to the warmth of the extremities, the soiling of the bedclothes, the appearances of the skin as to eruption, abrasion, or threatened bedsore. The feelings and cravings of the patient are generally well worthy of attention, and probably of gratification. The movement of a hand or an eye should suffice often as a sign to a watchful attendant to spare the fatigue of speech. The temperature of the patient is often of moment to register, and the clinical thermometer, placed in the armpit or under the tongue, becomes soon easy to use, and gives valuable information to the medical officer at his next visit. The preparation and administration of different kinds of food and drinks can only be learned practically; but points to be remembered are, simplicity of preparation, attention to the medical officers' directions, and to the patient's cravings, care that they are neither too hot nor too cold, nor too frequently forced upon the patient, nor too long delayed, and not neglected at night, especially towards early morning. The administration of medicines by measurement and otherwise, the application of blisters, plasters, ointments, washes, and the like, the preparation and uses of poultices, injections, fomentations, baths, &c., must all be carefully studied, and the medical officer's directions as to them on all points faithfully observed. On no account must the nurse take upon herself to administer stimulants to parturient women or others without instructions, nor interpose with fanciful remedies in any case.

The nurse should be simply dressed, so that she may move about without noise or disturbance of furniture. She should be cheerful without being talkative, gentle and hopeful in demeanour and never harsh or abrupt even in gesture. She must not introduce frequent visitors or gossips to the sick room, nor should she frequently leave it for any unnecessary purpose. She should have her pencil and paper to jot down directions from the medical officer, and also information as to symptoms, progress, &c., for him. She should study to know when it is absolutely necessary to call in the medical officer, and arrange beforehand as to some means of conveniently getting access to him.

APPENDIX No. 11.

(See paragraphs 41, 398, 481, 553, 569.)

REVISED SCHEDULES OF HOSPITAL EQUIPMENT.

HOSPITAL EQUIPMENT.

Schedule No. 1.—HOSPITAL WARDS.

Articles.	No. of Beds. Under 5.	Under 10.	Under 20.	20 to 30.	Remarks.
Basins, earthenware, wash-hand, 12½" ...	1	1	2	2	
Baskets, bottle, 1 dozen	...	...	...	1	
,, ,, ¼ ,, ...	...	1	1	...	
Bedsteads	...	...	...	...	According to construction.
Bellows, Bk. and HP	1	1	1	1	Where turf or wood is issued as fuel.
Boards, bed head, ticket	...	...	...	...	One for each bedstead.
,, diet scale	1	1	1	1	
,, inventory	1	1	1	1	
,, knife	1	1	1	1	
Bowls, wood, shaving	1	1	1	2	
Boxes, brush, housemaid's with tray ...	1	1	1	1	
,, iron, coal, 7 bushels	...	...	...	...	According to requirements, but not to be supplied where coal is issued to wards daily.
,, ,, 4 ,, ...	...	...	...	...	
Brushes, black lead, round	1	1	1	1	
,, ,, stove	1	1	1	1	
,, hand, scrubbing	1	1	1	2	
,, ,, sweeping	1	1	1	2	
,, shaving	1	1	1	2	
,, shoe, shining	1	1	1	2	
,, ,, blacking	1	1	1	2	
Candlesticks, iron, galvanized	1	1	1	2	If required.
Cans, tins, soup	1	1	1	2	
Casters, pepper, pewter	1	1	1	2	Where there is no dining-room.
Chairs, arm, easy	1	1	2	3	
,, officers'	1	2	4	6	
,, night, Fyffe's	...	...	1	1	
Cloths, table, diaper	1	1	2	3	Where there is no dining room.
Cords, bedstead, 19 yards	...	...	...	...	One for each bedstead.
Corkscrews, iron, folding	1	1	1	1	
Covers, easy chair	1	1	2	3	
Cups, pewter, egg	1	2	4	6	
Dishes, earthen, soap	1	1	2	2	
Dogs, fire, officers'	...	...	...	...	As necessary where turf or wood is issued as fuel.

Appendix No. 11.

Schedule No. 1.—HOSPITAL WARDS—*continued.*

Articles.	No. of Beds. Under 5.	Under 10.	Under 20.	20 to 30.	Remarks.
Feeders, earthenware...	1	1	1	2	
Fenders, officers'	...	...	...	...	According to fireplaces.
Forms, 6 feet	...	1	2	6	
,, 4 ,, ...	1	...	...	...	
Frames, wood, close, stool	1	1	1	1	
Glasses, looking	1	1	1	2	
Handles, brush, scrubbing	1	1	1	2	
,, ,, sweeping	1	1	1	2	
Heads, brush, long, scrubbing, block and clamp...	1	1	1	2	
,, ,, sweeping	1	1	1	2	
Inhalers, pewter	1	1	1	1	
Irons, for loading long scrubbers	1	1	1	2	
Kettles, iron, 2 quarts	1	1	1	2	
Lamps, oil, complete, paraffin or kerosine	...	...	...	...	As necessary when oil is issued by W.O. authority.
Measures, glass, graduated	1	1	1	2	
Mugs, earthen, ½ pt., medicine	1	1	1	2	
Pails, slop	1	1	1	2	
,, tin, Fyffe's	1	1	1	2	
,, wood, water	1	1	1	2	
Pans, earthenware, Fyffe's pail	1	1	1	2	
Pokers, officers'	...	...	...	...	According to fireplaces.
Pots, pewter, mustard	1	1	2	2	Where there is no dining-room.
Sackings, bedstead, HP	..	...	...	...	One for each bedstead.
Saltcellars, wood	1	1	2	2	Where there is no dining-room.
Saucepans, iron-tinned, 1 quart	1	1	1	1	
Scissors, hair cutting...	1	1	1	1	
Scuttles, copper, coal...	...	...	...	...	One for each fireplace.
Shovels, tin, dust	1	1	1	1	
,, fire, officers'...	...	...	...	...	According to fireplaces.
Spoons, ivory, mustard	...	1	2	2	Where there is no dining-room.
,, pewter, medicine	1	1	1	1	
,, German-silver, tea	1	2	4	6	
Stools, close, Fyffe's	1	1	...	...	
Strops, razor	1	1	1	2	To be demanded from Royal A.C. Depôt.
Tables, bedside	...	...	...	...	One for each bed.
Tongs, fire, officers'	...	...	...	...	According to fireplaces.
Tops, table, 6 ft.	...	1	2	3	
,, ,, 4 ,, ...	1	...	...	...	
Towels, round	1	2	3	4	
Trays, bed	1	1	2	2	
,, dinner, marine pattern	1	1	1	2	
,, tin, japanned, dressing	1	1	1	1	
,, hot water, with 20 diet tins... ...	1	1	1	2	
Trestles, iron, table top	2	2	4	6	
Trays, wood, or tubs, coal, iron galvanized	1	1	1	1	
Tubes, inhaler...	1	1	1	1	
Tumblers, glass, ½ pint		2	4	6	

Appendix No. 11.

List of Articles which will be supplied as Personal Equipment, from those allowed under Schedule No. 16, to each patient on admission.

Basin, soup, quart.
Brush, hair.
Comb, horn, hair, 8-inch.
Fork, dinner, blackhandled.
Knife, ,, ,,
Mug, earthenware, drinking, pint.
Plate, dinner, earthenware, G.S.
Pot, earthenware, butter, 3-oz.
,, ,, chamber.
Spoon, German silver, table.
Towels, hand.
Case, slip pillow, large.
Sheets, cotton, pair of.
Cap, day.
Drawers, cotton (only when necessary).
,, flannel ,,
Gowns, blue, serge.
Neckerchief.
Pockethandkerchief.
Shirt, cotton.
,, flannel (only when necessary).
Slippers, pair of.
Socks, ,,
Trousers, blue serge, do.
Waistcoat ,, ,,
Chevrons for non-commissioned officers.

In addition when ordered by the Medical Officer.

Basin, small, for sores.
Combs, ivory, small-tooth, 3½″
Cup, earthenware, spitting.
Pan, earthenware, bed.
Urinal, earthenware.

Schedule No. 2.—KITCHEN.

Articles.	No.	Remarks.
Basin, soup, quart	1	For each cook.
Bellows, Bk. and HP....	1	Where turf or wood is issued as fuel.
Bell, hand, 7 lbs.	1	Over 50 patients.
Block, wood, chopping	1	Over 30 patients where no meat store exists.
Board, ash chopping	1	Under 30 patients only where no meat store exists.
,, inventory	1	
,, knife	1	
Boiler, cast iron, with brass tap, 4 gals. ...	1	For every 30 patients and under if required.
Box, cast iron coal, 7 bushels	1	Over 30 patients.
,, ,, ,, 4 ,, ...	1	30 patients and under.
,, wood, salt	1	
Broom, bass, unhandled	1	
Brush, black-lead, round	1	
,, ,, stove	1	
,, flue, wire handled, 5′ 6″	1	For each kitchener.
,, hand, scrubbing	1	
Candlestick, iron, galvanized	1	When gas or oil is not in use.
Can, tin, gruel, milk or beer, 3 gals. ...	1	
,, soup or water, 3 gals.	1	
Caster, pepper, pewter	1	For each cook.
Chopper, meat, butchers'	1	
Cleaver, butcher's	1	Over 100 patients.
Colander, tin, 15 in. wire botom	1	
Cover, wire, dish for meat	1	
Dishes, iron, baking	...	According to requirements.
,, tin, round meat, 18 in.	2	
Dredger, tin, flour	1	
Fender, kitchen	1	If necessary.

Appendix No. 11.

Schedule No. 2.—KITCHEN—*continued.*

Articles.	No.	Remarks.
Fork, buckhandled, carving	1	For each cook.
,, blackhandled, dinner...	1	For each Ward Orderly if necessary.
,, flesh	1	For each cook.
,, toasting	1	
Form, 6 feet, complete	1	For over 30 patients if necessary.
,, 4 ,, ,, ...	1	For 30 patients and under if necessary.
Funnel, tin, 2 quarts	1	
Grater, bread	1	
Gridiron, fluted	1	
Handles, brush, long sweeping	1	
,, long scrubbing, or bass broom	2	
,, mop	1	
Head brush, long scrubbing block ...	1	
,, ,, ,, clamp ...	1	
,, ,, long sweeping	1	
,, mop	1	
Infusers, tea	...	As necessary not to exceed 1 for every 15 patients.
Jack, roasting	1	Where required.
Jugs	3	Over 50 patients.
Kettle, iron, tea	...	As necessary
,, tin, fish	1	If necessary.
Knives, butchers', cutting, 10-in.	1	
,, buckhandled, carving	1	For each cook.
,, blackhandled, dinner	1	For each Ward Orderly if necessary.
Ladle, iron tinned, soup	1	For each cook.
Lamp, oil, complete, paraffin or kerosine	1	As necessary when oil is issued by W.O. authority.
Machine, weighing, 14 lbs. with enamelled pan	1	For 50 patients and under.
Measure, tin, milk or dipper, 1 gill ...	1	
Mug, earthen, drinking, 1 pint	1	For each cook.
Net, potato	1	For 20 patients and under.
Pail, wood, water	1	
Pan, iron, frying	1	
,, iron, stew, tinned, of sizes	2	For 40 patients; over 40 according to requirements.
Pin, wood rolling	1	
Pokers, soldiers'	1	If required.
Pots, oval, with lid	1	If necessary, size according to requirements.
,, tin, with handle, 1 quart	1	
Rags, linen, lbs. or cotton waste, where steam is used	2	
Rake, military, cooks', 4 in. wide ...	1	Every 3 months for each cook.
Saucepans, with lids, iron tinned	4	Of sizes for 300 patients and under.
Saw, iron back, butchers', meat, 20 in. ...	1	
Shapes or dishes, pudding, 1 pint	6	For 30 patients and under.
Shovel, fire, soldiers'	1	If required.
,, stoking	1	Where steam is used.
Skewers with chains	3	For each cook.
Slate, framed, 14 in. × 10	1	
Slice, fish, iron tinned	1	
Spoon, German silver, table	1	For each cook.

Appendix No. 11.

Schedule No. 2.—KITCHEN—*continued.*

Articles.	No.	Remarks.
Spoon, iron tinned, gravy	1	For each cook.
Squeezer, lemon	1	
Steamer, potato, 1 gall.	1	For 15 patients and under.
,, ,, 2	1	Over 15 and up to 50 patients but not where steam is used.
Steel, butchers'	1	
Strainer, tin, gravy	1	
,, hair 15 in.	1	
Tongs, fire, soldiers'	1	If necessary for open grates.
,, steak	1	For each cook.
Top, table, 6 ft.	1	Over 30 patients if necessary.
,, ,, 4 ft.	1	For 30 patients and under if necessary.
Towel, round	1	For each cook.
Tray, wood, or tub, iron, galvanized, coal	1	
Trestles, iron, table top	2	Where tables are necessary.
Tub, wood, washing, 8 galls.	1	For each cook.
Weights, brass, flat, 2 oz.	1	
,, ,, 1 ,, ...	1	
,, ,, ½ ,, ...	1	
,, ,, ¼ ,, ...	1	
,, iron ring 14 lbs.	1	
,, ,, 7 ,, ...	1	
,, ,, 4 ,, ...	1	
,, ,, 2 ,, ...	1	
,, ,, 1 ,, ...	1	
,, ,, ½ ,, ...	1	
,, ,, ¼ ,, ...	1	
Whisk, egg	1	Over 30 patients when necessary.

Schedule No. 3.—SURGERY AND OFFICE.

Bellows, Bk. and HP....	1	Where turf or wood is issued as fuel.
Belt and gloves for restraining lunatics ...	1	For hospitals of 15 patients and under.
,, ,, ,, ,, ...	2	For hospitals of over 15 patients.
Board, inventory	1	
,, notice	...	As necessary.
Brush, black-lead, round	1	
,, ,, stove	1	
,, hand, scrubbing	1	
,, ,, sweeping	1	
Candlesticks, brass, office	2	Where gas or oil is no in use.
Can, tin, soup or water	1	
Chair, office, leather seat	1	When used as a Medical Officers' office.
,, officers' or Windsor	3	Ditto.
Dogs, fire, officers', pair	1	Where turf or wood is issued as fuel.

Appendix No. 11.

Schedule No. 8.—SURGERY AND OFFICE—*continued.*

Articles.	No.	Remarks.
Fender, officers'	1	
Filter, stoneware in wicker, 4 galls. ...	1	
Handle, brush, long scrubbing	1	
,, ,, ,, sweeping	1	
Head, brush, long scrubbing block ...	1	
,, ,, ,, ,, clamp ...	1	
,, ,, ,, sweeping...	1	
Kettle, tea, 2 quarts	1	
Lamp, hand, small, F.HP	1	For hospitals, 15 patients and over.
,, oil, complete, paraffin or kerosine ...	1	When oil is issued by W.C. authority.
Lantern, tin, with plate glass sides ...		Where necessary.
Machine, weighing 14 lbs., with enamelled pan	1	
Pail, slop, with cover...	1	
,, wood, water, barrack	1	
Pan, copper, warming	1	
Poker, officers'	1	
Saucepans, iron, with lid, 2 quarts ...	2	
Scuttle, copper, coal	1	
Shovel, fire, officers'	1	
Slate, framed, 12″ × 9″	1	
Stand, wash-hand, japanned, complete with tin basin, jug, and can	1	
Stool, sergeants'	1	
Table, office, with drawers, plain	1	When used as a Medical Officers' office.
Tape, steel, chest-measuring, in brass box, with lid complete.	1	For finally approving Medical Officer.
Tongs, officers'...	1	
Top, for soldiers' tables	1	Where necessary.
Towel, hand	1	
,, roll	1	
Tray, wood, or tub, iron galvanized, coal	1	
Trestles, iron table top	2	Where necessary.
Tumbler, glass, ½ pint	1	
Weights, brass ... 8 oz.	1	
4 ,, ...	1	
2 ,, ...	1	
1 ,, ...	1	
½ ,, ...	1	
¼ ,, ...	1	
iron ring 14 lbs.	1	
7 ,, ...	1	
4 ,, ...	1	
2 ,, ...	1	
1 ,, ...	1	
½ ,, ...	1	
¼ ,, ...	1	

Appendix No. 11.

Schedule No. 4.—Officers of Medical Staff when appropriated by W.O. authority, according to Staff and Departmental Offices in Barrack Schedules.

Schedule No. 5.—ORDERLY MEDICAL OFFICERS' ROOM.

Articles.	No.	Remarks.
Bedding, HP., set of	1	
Bedstead, HP.	1	
Bellows, Bk. and HP....	1	Where turf or wood is issued as fuel.
Board, inventory	1	
Box, cast-iron coal	1	If necessary.
Chair, arm, recreation room, wood ...	1	
Chairs, officers'	2	
Cord, bedstead, 19 yards	1	
Dogs, fire, officers', pair	1	Where turf or wood is issued as fuel.
Fender, officers'	1	
Poker ,, ...	1	
Pot, earthenware, chamber	1	
Rug, hearth	1	
Sacking, bedstead	1	
Scuttle, copper coal	1	
Shovel, fire, officers'	1	
Stand, washhand, other ranks, complete...	1	
Table, officers' room	1	
Tongs, fire, officers', pairs	1	
Towels, hand	2	
Tumbler, glass, ½ pint	1	

Schedule No. 6.—LIBRARY AND READING ROOM.

Bellows	1	Where turf or wood is issued as fuel.
Board, inventory	1	
Books, blotting	3	
Box, cast-iron coal	1	Where coal is not issued daily.
Brush, hand, scrubbing	1	
Can, tin, soup or water	1	
Case, book, wire door...	1	For temporary appropriations only.
Chairs, arm, recreation room, wood ...	5	Per cent. of average number of patients.
,, officers' or Windsor...	...	As required to furnish the room comfortably.
Clock, bracket, small	1	
Dogs, fire, officers', pair	1	Where turf or wood is issued as fuel.
Fender, officers'	1	For each fireplace.

Appendix No. 11.

Schedule No. 6.—LIBRARY AND READING ROOM—*continued.*

Articles.	No.	Remarks.
Filter, stoneware, in wicker	1	If required.
Globe, gas, half round	...	Where pendants or brackets are fixed.
Handle, brush, long scrubbing	1	
,, ,, ,, sweeping	1	
,, mop	1	
Head, brush, long scrubbing blocks ...	1	
,, ,, ,, ,, clamps ...	1	
,, ,, ,, sweeping	1	
,, mop	1	
Inkstands	3	
Lamps, oil	2	For every 1,000 cubic ft. of the room, where gas is not supplied.
Maps (set of 11)	1	As for regimental reading rooms.
Pail, wood, water	1	
Poker, officers'	1	For each fireplace.
Portfolios	8	Of sizes for periodicals.
Scuttle, copper coal	1	For each fireplace.
Shovel, fire, officers'	1	Ditto.
Spittoons, iron enamelled	...	8 per cent. of average number of patients.
Tables, dark wood, rectangular	...	About 12 ft. running per cent. of sick.
Tongs, fire, officers'	1	For each fireplace.
Tops, table, 6 ft. or 4 ft.	...	As required where no rectangular tables are issued.
Tray, wood, or tub, iron galvanized, coal	1	
Trestles, iron, table top	2	For each table top.
Tumblers, glass, ½ pint	2	

Schedule No. 7.—WAITING ROOM.

Board, inventory	1	
Dogs, fire, soldiers', pair	1	Where turf or wood is issued as fuel.
Fender, soldiers'	1	For each fireplace.
Form, complete	1	Numbers and size according to requirements.
Poker, soldiers'	1	For each fireplace.
Shovel, soldiers'	1	Ditto.
Tray, wood, or tub, iron, galvanized, coal	1	

Schedule No. 8.—MEAT STORE.

Block, chopping	1	Only where necessary.
Board, inventory	1	
Brush, hand, scrubbing	1	
Chopper...	1	
Cleaver	1	Where meat is received in carcase.

Appendix No. 11.

Schedule No. 8.—MEAT STORE—*continued.*

Articles.	No.	Remarks.
Knives, butchers', cutting, 10 in.	2	
Pail, wood, water, Bk.	1	
Saw, iron back, butchers', 20 in.	1	
Scale, spring, butchers'	1	Size according to requirements.
Steel, butchers'	1	

Schedule No. 9.—PACK STORE.

Board, inventory	1	
Brush, hand, scrubbing	1	
Dogs, fire, soldiers', pair	1	Where turf or wood is issued as fuel.
Fender, soldiers'	1	Where necessary.
Handle, brush, long sweeping	1	
Head, brush, long sweeping	1	
Ladder, step	1	Where necessary, and shelves are over 8 feet.
Pail, wood, water	1	
Poker, soldiers'	1	Where necessary.
Shovel, soldiers'	1	Where necessary.
Stool, sergeants'	1	
Top for soldiers' table, 4 ft.	1	
Tray, wood, or tub, iron galvanized, coal	1	
Trestles, iron, table top	2	

Schedule No. 10.—STEWARD'S EQUIPMENT STORE.

Basket, dirty linen, with lock and key ...	1	Where no dirty linen store.
,, hand, small	1	For every 200 patients and under.
Board, inventory	1	
Box, cast iron, coal	1	Size according to requirements.
Brush, hand sweeping	1	
,, turk's head	1	Where the ceilings are 14 ft. high and over.
Candlestick, iron galvanized	1	
Can, tin, oil, lamplighting, 1 gallon ...	1	
Chisel, ripping...	1	
Corkscrew, iron folding	1	
Dogs, fire, soldiers', pair	1	Where turf or wood is issued as fuel.
Driver, screw, notched for forms	1	
Fender	1	Size according to requirements.
Form, 4 ft. complete	1	
Funnel, tin, 1 pint	1	
Guard, fire, small	1	If necessary.
Hammer, claw, 20 oz.	1	
Handle, brush, long scrubbing	1	
,, brush, long sweeping	1	
Hatchet, hand, carpenters'	1	
Heads, brush, long sweeping	1	

Appendix No. 11.

Schedule No. 10.—STEWARD'S EQUIPMENT STORE —*continued.*

Article.	No.	Remarks.
Heads, brush, long scrubbing, block and clamp	1	
Horse, wood, clothes	1	
Ladder, step	1	Size according to requirements, where shelves are over 8 feet high.
Lamp, gas lighter's, with stick	1	If required.
,, oil, complete, paraffin or kerosine	1	Where oil is issued by W.O. authority.
Measure, tin oil, ½ pint	1	If necessary.
Pail, wood water, barrack	1	
Poker, fire, soldiers'	1	
Saw, hand, 26 inch	1	
Scissors, lamp, with guard	1	If necessary.
Shovel, fire, soldiers'	1	
Top, table, 4 ft.	1	
Tray, wood, or tub, iron galvanized, coal	1	
Trestles, iron table top	2	
Games.		
Games ... ... sets	½	20 to 40 beds.
,, ... ,,	1	40 ,, 70 ,,
,, ... ,,	2	70 ,, 300 ,,
,, ... ,,	3	300 ,, 1,500 ,, (Netley and Herbert Hospital excepted.)
One set consists of the following:—		
Backgammon men ... ... sets	2	
Balls, solitaire ... ... ,,	2	
Boards, Backgammon	2	
Boards, Draught	2	
Boards, Chess	1	
Boards, Solitaire	2	
Boxes, Backgammon	2	
Boxes, Chessmen	1	
Boxes, Dice	4	
Boxes, Dominoes, double nines	2	
Boxes, Draught	2	
Boxes, Solitaire	2	
Chessmen ... ... sets	1	
Dice ... ... ,,	4	
Dominoes, double nines ... ... ,,	2	
Draughtsmen ... ... ,,	2	
For Passages, &c.		
Brush, hand, scrubbing	1	Per orderly, when orderlies are specially detained for passages.
Handle, brush, long scrubbing	1	
,, ,, ,, sweeping	1	
Handle, mop	1	
Head, brush, long scrubbing, block ...	1	
,, ,, ,, ,, clamp ...	1	
,, ,, ,, sweeping	1	
,, mop	1	
Ladder, wood, for cleaning lamps	...	According to local requirements.
Lamps, exterior	...	Ditto.
,, passage	...	Ditto.
Pail, wood water	1	Per orderly (as above).

Appendix No. 11.

Schedule No. 11.—PROVISION STORE.

Article.	No.	Remarks.
Board, inventory	1	
Brush, hand, scrubbing	1	
,, ,, sweeping	1	
Cans, tin, gruel, milk or beer, 3 gallons		As necessary where beer is issued from casks.
Cocks, bib driving, for beer		
Corkscrew, iron folding	1	
Dogs, fire, soldiers', pair	1	Where turf or wood is issued as fuel.
Fender, soldiers'	1	
Funnel, tin, 1 pint	1	
Handle, brush, long sweeping	1	
Head, ,, ,, ,, ...	1	
Knife, bread	1	If required.
,, opening tins	1	
Machine, weighing flour, with tin scoop, 14 lbs....	1	
,, ,, sack of flour, 500 lbs.	1	Over 100 patients.
Machine, weighing, 14 lbs., with enamelled pan	1	
Mallet, wood, for driving cocks	1	
Measures, pewter beer		According to requirements when beer is issued from cask.
,, ,, wine, 1 pint	1	
,, ,, ½ ,, ...	1	
,, ,, 1 gill	1	
,, ,, ½ ,, ...	1	
,, tin, milk or dipper, 1 pint ...	1	
Poker, soldiers'	1	
Saw, iron back, butchers'	1	
Scales, pillar for groceries, 7 lbs.	1	
Scoop, tin 1 quart	1	Over 100 patients.
,, ,, 1 pint	1	
,, ,, ½ ,, ...	1	
Shovel, fire, soldiers'	1	
,, wood potato	1	Where potatoes are not kept in sack.
Top, table, 4 ft.	1	If required.
Tray, wood, or tub, iron, galvanized, coal	1	
Trestles, iron, for table tops...	2	
Weights, brass ... 8 oz.	1	
4 ,, ...	1	
2 ,, ...	1	
1 ,, ...	1	
iron ring 56 lbs.	6	
28 ,, ...	2	
14 ,, ...	2	
7 ,, ...	2	
4 ,, ...	2	
2 ,, ...	2	
1 ,, ...	2	
½ ,, ...	1	
¼ ,, ...	1	

Appendix No. 11.

Schedule No. 12.—DINING ROOM.

Article.	No.	Remarks.
Bellows, barrack and HP.	1	Where turf or wood is issued as fuel.
Board, inventory	1	
Brush, hand, scrubbing	1	
Candlesticks, iron galvanized		As necessary. Where gas or oil is not in use.
Can, tin, soup	1	For every 30 patients and under.
Caster, pepper, pewter	1	For each table.
Cloth, table, diaper	1	Ditto.
Dogs, fire, officers', pair	1	Where turf or wood is issued as fuel.
Fender, officers'	1	For each fireplace.
Form, complete, 6 ft. or 4 ft.	1	According to requirements.
Head, brush, long, sweeping	1	
" " " scrubbing, block ...	1	
" " " " clamp ...	1	
Lamps, oil, complete, paraffin or kerosine	...	As necessary. Where oil is issued by W.O. authority.
Pail, wood, water	1	
Poker, soldiers'	1	For each fireplace.
Pot, pewter, mustard...	1	For each table.
Saltcellar, wood	1	Ditto.
Scuttle, copper coal	1	For each fireplace.
Shovel, fire, soldiers'	1	Ditto.
Spoon, ivory, mustard	1	For each mustard pot.
" German-silver, salt	1	For each saltcellar.
Tongs, fire, officers'	1	For each fireplace where turf or wood is issued as fuel.
Tops, table, 6 ft. or 4 ft.	...	According to requirements.
Tray, wood, or tub, iron galvanised, coal	1	
Trestles, iron, table top	2	To each table.

Schedule No. 13.—ORDERLIES' ROOM.

Basin, earthenware, soup, quart	1	For each man
" wash-hand, iron, galvanized, or zinc...	1	For every 5 men where necessary.
Bedstead, iron, barrack	...	According to construction of room.
Bellows, barrack and HP., ...	1	Where turf or wood is issued as fuel.
Blankets, grey, G.S.	3	To each man.
Board, inventory	1	
Box, cast iron, coal, 7 or 4 bushel... ...	1	Size according to requirements.
Brush, hand, scrubbing	*1	
Candlestick, iron, galvanized	*1	Where gas is not fitted.
Can, tin, soup	*1	
Case, bolster, barrack	1	For each man.
Case, palliasse	1	Ditto.
Dish, tin, round, meat, 18 inch	*1	

* A second may be issued to each room of more than 12 men if necessary.

Quarters of married non-commissioned officers and men in hospital buildings will be *furnished agreeably to the* Barrack Schedule.

Appendix No. 11.

Schedule No. 13.—ORDERLIES' ROOM—*continued.*

Articles.	No.	Remarks.
Dogs, fire, soldiers', pair	1	Where turf or wood is issued as fuel.
Fender, soldiers'	1	For each fireplace.
Forms, 6 ft., complete	2	To every 8 men.
,, 4 ft., ,, ...	2	To every 6 men.
Handle, brush, long, scrubbing	*1	
,, ,, ,, sweeping	*1	
Head, brush, long, scrubbing, lock and clamp...	*1	
,, ,, ,, sweeping	*1	
Lamp, oil, complete, paraffin or kerosine	1	
Pail, slop, with cover	1	
,, wood, water, barrack	1	
Plates, dinner, earthenware, G.S.	1	For each man.
Poker, soldiers'	1	For each fireplace.
Pot, chamber	1	For each man.
Sheets, barrack	2	Ditto.
Shovel, fire, soldiers'	1	For each fireplace.
Strap, bed, brown leather	1	For each man.
Tongs, fire, soldiers', pairs	1	For each fireplace where turf or wood is issued as fuel.
Top, table, 6 ft.	1	To every 8 men.
,, ,, 4 ft.	1	To every 6 men.
Tray, wood, or tubs, iron galvanized, coal	1	For each fireplace.
Trestles, iron, table top	2	For each table.
Wrench, bed, iron	1	

Schedule No. 14.—GARDEN AND GROUNDS.

Barrow, wheel, stable, complete	1	
Board, inventory	1	To be kept in steward's store.
Broom, bass	1	Per gardener, if necessary.
Dibble, garden	1	Ditto.
Fork, agricultural, 3 pronged, handled ...	1	Ditto.
Handles, hoe or rake, 6 ft.	3	Ditto.
Hoe, small or Dutch, weeding	1	Ditto.
,, large or garden, 8 in.	1	Ditto.
Hook, reaping, handled	1	If necessary.
Picker, grass, with handles		As necessary.
Pot, tin, watering, large	1	
,, ,, ,, small	1	
Rake, garden, 10 in	1	Per gardener, if necessary.
Reel, garden, complete, with line ...	1	
Roller, cast iron, hand, 10 cwt.	1	
Scoop, iron, for clearing drains, handled	1	
Scythe, complete	1	
Shears, garden, long or short	1	If required.
Shovel, universal pattern, helved	1	
Spade, helved	1	Per gardener, if necessary.
Stone, scythe, rag	1	
,, ,, rub	1	
Trowel, garden	1	Per gardener, if necessary.

* A second may be issued to each room of more than 12 men if necessary.

Quarters of married non-commissioned officers and men in hospital buildings will be furnished agreeably to the Barrack Schedule.

Appendix No. 11.

Schedule No. 15.—MISCELLANEOUS.

Engine House (if any)	...	...	...	...	...	Will be dealt with as laid down in Barrack Schedules.
pels ,,	...	...	...	...	...	
eries ,,	...	...	...	...	...	
ines ,,	...	...	...	...	...	
l Stores ,,	...	...	...	...	...	

Appendix No. 11.

Schedule

TABLE of HOSPITAL EQUIPMENT to be issued according to maximum Schedules

DESCRIPTION OF STORES.	2	3	4	5	6	7	8	9	10	20	25
Basins, earthenware { small, for sores	1	1	1	2	2	2	2	2	3	5	6
Basins, earthenware { soup, quart	2	3	4	5	6	7	8	9	10	20	25
Baths { tin arm, with cover	...	...	...	...	...	...	1	1	1	1	1
Baths { ,, foot	1	1	1	1	1	1	1	1	1	1	2
Baths { ,, hip	...	...	...	...	...	...	...	...	1	1	1
Baths { ,, open, portable	...	...	...	...	...	...	...	...	1	1	1
Baths { ,, shower	...	...	...	...	...	...	...	...	...	...	...
Baths { ,, slipper	1	1	1	1	1	1	1	1	1	1	1
Baths { ,, wood, medicated	...	...	...	...	...	...	...	...	1	1	1
Bearer, hospital, complete with slings	...	...	...	1	1	1	1	1	1	1	1
Beds, hair, filled	2	3	4	5	6	7	8	9	10	20	25
Biers, with folding legs	Wherequired										
Bankets, hospital or G.S.	4	6	8	10	12	14	16	18	20	40	50
Bolsters, hair, filled...	2	3	4	5	6	7	8	9	10	20	25
Brushes, hair	2	3	4	5	6	7	8	9	10	20	25
Cases, bolster, straw	1	1	1	1	1	1	1	1	1	1	2
,, palliase	1	1	1	1	1	1	1	1	1	1	2
,, slip for beds, hair	2	3	4	5	6	7	8	9	10	20	25
,, ,, ,, bolsters, hair	4	6	8	10	12	14	16	18	20	40	50
,, ,, ,, pillows, hair, large...	4	6	8	10	12	14	16	18	20	40	50
,, ,, ,, ,, ,, small	1	1	1	1	1	1	1	1	1	2	3
Cloths, table, diaper, 8 × 4′ 4″	One extra for each hone issued. To										
Combs, horn, hair, 8 in.	2	3	4	5	6	7	8	9	10	20	25
,, ivory, small-tooth 3½″	1	1	1	1	2	2	2	2	2	3	3
Cords, bedstead, 19 yards	One extra for each ten allowed by										
Counterpanes, white tufted, medical or rug, surgical	2	3	4	5	6	7	8	9	10	20	25
Covers, check, easy chair	One extra for each hone issued.										
Cups, earthenware, spitting	1	1	1	1	2	2	2	2	2	4	5
Filters, stoneware, in wicker	Issue must be specially authorised.										
Forks, dinner, black-handled	2	3	4	5	6	7	8	9	10	20	25
Knives, dinner, black-handled	2	3	4	5	6	7	8	9	10	20	25
Mats, coir fibre, door, close	According to local requirements.										
,, ,, ,, passage, open	One per door way opening to exterior.										
Mugs, earthenware, drinking, 1 pint	2	3	4	5	6	7	8	9	10	20	25
Napkins, opthalmia	1	1	1	2	2	2	2	3	3	5	7
Pans, earthen, bed	1	1	1	1	1	1	1	1	1	2	3
Pillows, hair, large, filled	2	3	4	5	6	7	8	9	10	20	25
,, ,, small ,, ...	1	1	1	1	1	1	1	1	1	2	3
Plates, earthenware, dinner, G.S.	2	3	4	5	6	7	8	9	10	20	25
Pots, chamber, gutta-percha	According to local requirements for										
,, earthenware, butter, 3 oz.	2	3	4	5	6	7	8	9	10	20	25
,, ,, chamber	2	3	4	5	6	7	8	9	10	20	25
,, tin, coffee, small	1	1	1	1	1	1	1	1	1	1	1
,, ,, tea, 3 pints	1	1	1	1	1	1	1	1	1	1	1
Racks and catches, for bedsteads...	1	1	1	1	2	2	2	2	2	4	5
Sackings, bedsteads, with appliances	...	...	...	...	...	...	...	...	1	1	1
,, bedstead, H.P.	One for every ten allowed by Schc										
Screens, bedside, folding	One for each Brigade Depôt or										1

25 per cent. of all Glass and Crockery

Appendix No. 11.

No. 16.

occupation of three years in addition to the Articles shown in 1 to 15.

40	50	60	75	100	125	150	200	250	300	350	400	Percentage to be issued in addition to meet emergencies.
10	12	16	20	25	30	35	50	60	70	80	90	
40	50	60	75	100	125	150	200	250	300	350	400	
1	1	1	2	2	3	3	5	6	7	8	9	
2	3	3	4	5	7	8	10	12	15	17	20	
1	1	1	2	2	3	3	5	6	7	8	9	
1	1	1	1	2	2	2	2	3	3	4	4	
...	...	...	1	1	1	1	1	1	1	1	2	
1	1	2	2	2	2	3	4	4	5	6	7	
1	1	1	1	1	1	2	2	2	3	3	4	
1	1	2	2	2	3	3	2	4	4	4	4	
40	50	60	75	100	125	150	200	250	300	350	400	5 per cent.
80	100	120	150	200	250	300	400	500	600	700	800	25 per cent.
40	50	60	75	100	125	150	200	250	300	350	400	
40	50	60	75	100	125	150	200	250	300	350	400	
2	2	2	3	5	6	8	10	13	15	18	20	
2	2	2	3	5	6	8	10	13	15	18	20	
40	50	60	75	100	125	150	200	250	300	350	400	50 per cent.
80	100	120	150	200	250	300	400	500	600	700	800	25 ,, ,,
80	100	120	150	200	250	300	400	500	600	700	800	50 ,, ,,
4	5	6	8	10	13	15	20	25	30	35	40	50 ,, ,,
meet	eme	rgen	cies.									
40	50	60	75	100	125	150	200	250	300	350	400	10 per cent.
3	4	4	5	5	6	8	10	10	11	11	12	
sched	ules.											
40	50	60	75	100	125	150	200	250	300	350	400	10 per cent. Proportion of each to be decided locally.
8	10	12	15	20	25	30	40	50	60	70	80	
40	50	60	75	100	125	150	200	250	300	350	400	10 per cent.
40	50	60	75	100	125	150	200	250	300	350	400	10 per cent.
40	50	60	75	100	125	150	200	250	300	350	400	
10	13	15	19	25	32	38	50	63	75	88	100	
4	5	6	8	10	13	15	20	25	30	35	40	
40	50	60	75	100	125	150	200	250	300	350	400	
4	5	6	8	10	13	15	20	25	30	35	40	
40	50	60	75	100	125	150	200	250	300	350	400	
lunat	ics.											
40	50	60	75	100	125	150	200	250	300	350	400	
40	50	60	75	100	125	150	200	250	300	350	400	
2	2	2	3	4	4	5	6	8	10	10	12	
2	2	2	3	4	4	5	6	8	10	10	12	
8	10	12	15	20	25	30	40	50	60	70	80	
1	1	1	1	2	2	3	4	5	6	7	8	
dule.												
1	1	1	2	2	2	2	2	3	3	3	4	

will be issued to *meet breakages.*

Appendix No. 11.

TABLE of HOSPITAL EQUIPMENT to be issued in addition to

DESCRIPTION OF STORES.	2	3	4	5	6	7	8	9	10	20	25
Sheets, H.P., linen or cotton	8	12	16	20	24	28	32	36	40	80	100
Sponges, bath, 2 oz....	1	1	1	1	1	1	1	1	1	1	1
Spoons, German-silver, table	2	3	4	5	6	7	8	9	10	20	25
Towels, hand...	6	9	12	15	18	21	24	27	30	60	75
,, round	Two extra for each one allowed.										
Urinals, earthen	1	1	1	1	1	1	1	1	1	2	3
Warmers, pewter, foot	1	1	1	1	1	1	1	1	1	2	2
,, ,, stomach	1	1	1	1	1	1	1	1	1	1	1
CLOTHING.											
Aprons, canvas, cooks'	Three for each cook.										
Caps, day, woollen	2	3	4	5	6	7	8	9	10	20	25
Chevrons, 3 stripes	1	1	1	1	1	1	1	1	1	2	4
2 ,, ...	1	1	1	1	1	1	1	1	1	2	4
1 ,, ...	2	2	2	2	2	2	2	2	2	4	10
Drawers, flannel or cotton, parts	2	3	4	5	6	7	8	9	10	20	25
Frocks, duck for cooks	Three for each cook.										
Gowns, blue serge	2	3	4	5	6	7	8	9	10	20	25
Handkerchiefs, cotton, pocket	4	6	8	10	12	14	16	18	20	40	50
Neckerchiefs, cotton...	2	3	4	5	6	7	8	9	10	20	25
Shirts, cotton, white...	6	9	12	15	18	21	24	27	30	60	75
,, flannel ,, ...	4	6	8	10	12	14	16	18	20	40	50
Slippers, leather, pairs	2	3	4	5	6	7	8	9	10	20	25
,, carpet ,, ...	Special requisition										
Socks, worsted, union grey, pairs...	6	9	12	15	18	21	24	27	30	60	75
Trousers, cloth, lunatics'	According to local requirements.										
,, blue serge, lined...	2	3	4	5	6	7	8	9	10	20	25
,, duck for cooks	Three for each cook.										
Waistcoats, blue serge	2	3	4	5	6	7	8	9	10	20	25

25 per cent. extra of all Glass and Crockery

Appendix No. 11.

the Articles shown in Schedules 1 to 15—*continued.*

40	50	60	75	100	125	150	200	250	300	350	400	Percentage to be issued in addition to meet emergencies.
160	200	240	300	400	500	600	800	1000	1200	1400	1600	
2	2	2	2	3	3	4	4	5	5	6	6	
40	50	60	75	100	125	150	200	250	300	350	400	
120	150	180	225	300	375	450	600	750	900	1050	1200	25 per cent.
4	5	6	8	10	13	15	20	25	30	35	40	
2	2	2	2	3	4	5	5	6	7	9	10	
1	1	1	2	2	3	3	4	5	6	7	8	
40	50	60	75	100	125	150	200	250	300	350	400	25 per cent.
4	4	6	6	6	6	10	12	16	20	25	25	
4	4	8	8	8	8	12	18	24	30	35	35	
10	10	15	15	15	15	20	25	35	40	50	50	
40	50	60	75	100	125	150	200	250	300	350	400	50 per cent.
40	50	60	75	100	125	150	200	250	300	350	400	20 per cent.
80	100	120	150	200	250	300	400	500	600	700	800	50 ,, ,,
40	50	60	75	100	125	150	200	250	300	350	400	50 ,, ,,
120	150	180	225	300	375	450	600	750	900	1050	1200	
80	100	120	150	200	250	300	400	500	600	700	800	
40	50	60	75	100	125	150	200	250	300	350	400	10 per cent.
120	150	180	225	300	375	450	600	750	900	1050	1200	
40	50	60	75	100	125	150	200	250	300	350	400	50 per cent.
40	50	60	75	100	125	150	200	250	300	350	400	20 per cent.

will be issued to meet breakages.

APPENDIX No. 12.

(See paragraph 480.)

List of Station Hospitals for which Garden Seats are admissible.

District.	Station, or Name of Hospital.	Number of Seats allowed.
Home	Rochester Row	6
	Windsor	4
	Caterham	2
	Oxford	1
	Reading	1
	Hounslow	2
	Kingston-on-Thames...	1
	Guildford	1
Northern ...	Fleetwood	1
	Leeds	1
	Newcastle	1
	York	3
Eastern	Colchester	4
	Warley...	2
Western... ...	Devonport	8
	Exeter	1
Southern ...	Devizes...	1
	Dorchester	1
	Haslar	5
	Hilsea	2
	Parkhurst	2
	Portland	1
	Portsmouth	8
	Winchester	2
	Sandown	1
Chatham ...	Fort Pitt	8
	Female Hospital	1
	Sheerness	2
South-Eastern ...	Canterbury	5
	Chichester	1
	Dover Castle	2
	Dover Western Heights	3
	Shorncliffe	7
Woolwich ...	Herbert Hospital	17
	Shoeburyness	1
	Purfleet...	1
Aldershot ...	Union	3
	Cambridge Hospital	8
North British ...	Fort George	1
	Leith Fort	1
	Piers Hill	1
	Maryhill	2
	Hamilton	1
Jersey	Elizabeth Castle	1
	Fort Regent	1
	St. Peter's	1
Guernsey	Alderney	1

Appendix No. 12.

List of Station Hospitals—*continued.*

District.	Station, or Name of Hospital.	Number of Seats allowed.
Belfast	Armagh	1
	Belfast	2
	Bulturbet	1
	Dundalk	1
	Enniskillen	1
	Londonderry	1
	Newry	1
Dublin	Phœnix Park	6
	Arbor Hill	6
	Portobello	2
	Athlone...	1
	Birr	1
Curragh... ...	No. 1 Station Hospital	4
	No. 2 ,, ,, ...	3
	Female Hospital	1
	Newbridge	2
Cork	Ballincollig	7
	Cahir	1
	Clonmel	1
	Cork	3
	Fermoy...	2
	Kilkenny	1
	Limerick	1
	Queenstown	1
	Templemore	1
	Tipperary	1
	Tralee	1
	Waterford	1
Bermuda	Prospect	3
Cape of Good Hope ...	Cape Town	3
Gibraltar	Gibraltar	10

APPENDIX No. 12.

(See paragraph 480.)

List of Station Hospitals for which Garden Seats are admissible.

District.	Station, or Name of Hospital.	Number of Seats allowed.
Home	Rochester Row	6
	Windsor	4
	Caterham	2
	Oxford	1
	Reading	1
	Hounslow	2
	Kingston-on-Thames...	1
	Guildford	1
Northern ...	Fleetwood	1
	Leeds	1
	Newcastle	1
	York	3
Eastern	Colchester	4
	Warley...	2
Western... ...	Devonport	8
	Exeter	1
Southern ...	Devizes...	1
	Dorchester	1
	Haslar	5
	Hilsea	2
	Parkhurst	2
	Portland	1
	Portsmouth	8
	Winchester	2
	Sandown	1
Chatham ...	Fort Pitt	8
	Female Hospital	1
	Sheerness	2
South-Eastern ...	Canterbury	5
	Chichester	1
	Dover Castle	2
	Dover Western Heights	3
	Shorncliffe	7
Woolwich ...	Herbert Hospital	17
	Shoeburyness	1
	Purfleet...	1
Aldershot ...	Union	3
	Cambridge Hospital	8
North British ...	Fort George	1
	Leith Fort	1
	Piers Hill	1
	Maryhill	2
	Hamilton	1
Jersey	Elizabeth Castle	1
	Fort Regent	1
	St. Peter's	1
Guernsey	Alderney	1

Appendix No. 12.

List of Station Hospitals—*continued.*

District.		Station, or Name of Hospital.	Number of Seats allowed.
57 / Armagh / 17	Belfast	Armagh	1
		Belfast	2
		Bulturbet	1
		Dundalk	1
		Enniskillen	1
		Londonderry	1
		Newry	1
57 / Dublin / 1532	Dublin	Phœnix Park	6
		Arbor Hill	6
		Portobello	2
		Athlone...	1
		Birr	1
	Curragh... ...	No. 1 Station Hospital	4
		No. 2 " "	3
		Female Hospital	1
		Newbridge	2
57 / Kilkenny / 105	Cork	Ballincollig	7
		Cahir	1
		Clonmel	1
		Cork	3
		Fermoy...	2
		Kilkenny	1
		Limerick	1
57 / Clonmel / 182		Queenstown	1
		Templemore	1
		Tipperary	1
57 / Bermuda / 1463		Tralee	1
		Waterford	1
	Bermuda	Prospect	3
57 / Cape / 1064	Cape of Good Hope ...	Cape Town	3
57 / Gibraltar / 971	Gibraltar	Gibraltar	10

APPENDIX No. 13.

(See paragraphs 223 to 228.)

FORM "A."

REPORT of an Inspection of the Hospital Library at
taken on 18 , and
the amount chargeable against the
Regiment, on account of Books lost, damaged, and destroyed.

Title.	Chargeable against.				Charges for Books lost or destroyed.			Charges for Books damaged.		
	Corps.	Coy.	No.	Name.	£	s.	d.	£	s.	d.
				Total £						

I certify that the damage done to the Books specified in this return is fairly chargeable to the above-named men. and it is requested that the sum of £ may be credited to the public on account thereof.

Station
Date
Forwarded

Quartermaster,
Medical Staff.

Medical officer in charge.

Approved.
Station
Date

Commanding Regiment.

Certified that the sum of £ will be credited in the Pay List of the Regiment for the Quarter ending 18

Station
Date

Paymaster Regiment.

Appendix No. 13.

FORM "B."

QUARTERLY RETURN of Books requiring repairs in the Hospital Library at .

18 .

No. of Volume.	Title of Book.	Estimated Cost of Repair.						Account in which sums charged to Troops will be found credited.
		Fair wear and tear.			Charged to Troops.			

I certify that the above-mentioned Books require to be repaired, and that the estimated cost does not exceed the amount assessed against the Troops, as shown in accoming Inspection Reports.

Station

Date

Forwarded

Quartermaster,
Medical Staff.

Medical officer in charge.

Forwarded to Director-General, Medical Staff.

Station

Date

Principal Medical Officer.

War Office,

18 .

The paymaster at is hereby authorised to charge in his account the sum of being for repair of Books belonging to the Library at for the Quarter ending 18 . This authority and the Tradesman's receipt being annexed as vouchers for the charge.

Appendix No. 13.

FORM "C."

HALF-YEARLY demand for Books to replace a similar number charged to the Troops, and unserviceable by fair wear in the Hospital at

Date 18 .

Number of Volumes required.

Description.	
Fiction	
Historical	
Travels	
Biography	
Books of Reference	
... ...	
... ...	
... ...	
Total	

Station

Date

Forwarded

Quartermaster,
Medical Staff,

Medical officer in charge.

Submitted to Director-General, Medical Staff

Station

Date

Principal Medical Officer.

APPENDIX No. 14.

(See paragraphs 146, 178.)

Detachment Medical Staff Corps stationed at

Date

Weekly Statement of Pay from to .

No.	Rank.	Name.	No. of Days.	Date per day.		Total Pay.			Stoppages.			Balance due.			Signature of man on receiving payment.	Remarks.
				Regimental Pay.	Departmental or Extra Duty Pay.	£	s.	d.	£	s.	d.	£	s.	d.		

To the District Quartermaster at

Medical Officer Commanding.

APPENDIX No. 15.

(See paragraphs 207, 325, 525, 583, 611.)

SCALE OF ARTICLES FOR CLEANING PURPOSES IN HOSPITALS.

(*Reprinted from paragraph* 859, *Allowance Regulations.*)

Articles.	For Dieted Hospitals.							For Non-dieted hospitals.	
	Quantities according to Equipment.							According to Equipment.	
	1 to 10 beds.	11 to 20 beds.	21 to 30 beds.	31 to 40 beds.	41 to 50 beds.	51 to 60 beds.		For 5 beds or under.	For 10 beds or above 5.
Windsor soap ... ... cakes	1	1	1	2	2	2	Over 60 beds in proportion as for 60.	1	1
Hard " ... ... lbs.	2	4	6	8	10	12		1	1½
Soft " ... ... lbs.	2	4	6	8	10	12		1	1½
Soda ... ... lbs.	2	4	6	8	10	12		1	1½
Sand ... ... bushels	¼	½	¾	1	1¼	1½		¼	¼
Hearthstones ... ... No.	1	2	3	4	4	5		½	½
Whitening ... ... lbs.	½	1	1½	2	2½	3		¼	¼
Bath bricks ... ... No.	½	1	1	2	2	3		¼	¼
Blacklead ... ... ozs.	4	8	12	1	1¼	1½		2	3
Blacking ... ... tins	½	1	2	2	2	3		2	3
Chloride of lime ... ... lbs.	1	2	3	4	5	6		½	¾
Cleaning cloths* woollen ... No.	3	6	6	8	10	12		2	2
Cleaning cloths* cotton... ... No.		6	8	10	12	14		2	2
Matches ... ...boxes	1	2	3	3	3	3		1	1

* Cleaning cloths to be of uniform size, and each one-sixth of unserviceable blankets and sheets.

APPENDIX No. 16.

(See paragraph 582.)

SCALE OF EQUIPMENT FOR A STATIONARY HOSPITAL FOR A MILITIA REGIMENT ENCAMPED FOR TRAINING WHERE NO BUILDING IS AVAILABLE FOR A HOSPITAL.

1 hospital marquee.
*3 bundles bedding.
2 ordinary bell tents (1 surgery, 1 servants).
1 office table.
1 chair.
1 pair medical comfort boxes (Nos. 1 and 2.) (Appendix No. 66).
1 set A and B, C and D canteens. (Appendix No. 65.)
2 camp kettles.
1 medicine chest, complete. (Appendix No. 36.)
1 field fracture box. (Appendix No. 33.)
1 case of surgeon's instruments. (Appendix No. 19.)
1 latrine screen.
1 pickaxe.
2 spades.
1 pole, wood, flag or lamp, 18 feet.
1 " " directing, 7 feet.
1 axe, felling, 4½ lbs., straight handle, helved.
1 cooking screen.
1 saw (hand), 26 inches.
2 reaping hoops.
4 buckets, iron, galvanized, 4 gallons.
1 admission and discharge book (Army Book 27).
1 diary or ward book (Army Book 39).
1 bell tent, double circular, for medical officer.

---

* A bundle of bedding contains the following articles :—

Blankets, general service	10
Cases, paillasse, barrack...	5
" bolster, barrack	5
Bed covers, waterproof	5
Cholera belts	5

APPENDIX No. 17.

(See paragraphs 411, 417.)

MEDICAL CERTIFICATE (Army Form I, 1225).

(*For use in General Hospitals only*).

_____ DIVISION

_____

No._____

_____ Regt._____

Home. Foreign.

Age _____ Service _____

Admitted _____ 188 _____

Discharged _____ 188 _____

Disease _____

Contracted { When _____
Where _____

Religion _____ Case Book _____

Ward _____ Folio _____

Invalided from _____ _____

Medical officer in charge.

To the Registrar.

APPENDIX No. 18.

(See paragraphs 867, 878.)

CONTENTS OF REGULATION CASE OF POCKET INSTRUMENTS.

	£	s.	d.
1 probe, curved and straight, sharp pointed, bistoury, in one handle	0	8	6
1 Syme's abscess knife, and double edge scalpel in one handle	0	8	6
1 tenaculum and gum knife, in one handle ...	0	8	6
1 pair crooked scissors	0	3	6
1 spatula, German silver	0	1	9
1 bow dressing forceps	0	3	6
1 director, 1 aneurism needle } plated	0	2	0
1 pair artery forceps, fenestrated...	0	5	0
2 probes, plated	0	2	0
1 male and female silver catheter, and caustic case with palladium crayon combined ...	0	18	0
1 clinical thermometer	0	7	0
1 case for ditto, plated, with bayonet catch ...	0	2	0
2 bleeding lancets	0	3	0
2 Dieffenbach's forceps	0	5	0
1 silver hypodermic syringe, in case, with bayonet catch	0	14	0
6 needles, plated	0	2	0
1 tablet of silk and wire for sutures	0	1	3
All contained in a Morocco single-flapped case, with patent bolt lock	0	9	6
	£5	5	0

APPENDIX No. 19.

(See paragraphs 98, 871.)

CONTENTS OF SURGEON'S CASE OF INSTRUMENTS.

1 bistoury straight, sharp.
1 „ curved „
1 „ „ button.
1 „ for hernia.
1 double tracheotomy canula, silver.
6 olivary catheters, Nos. 1, 3, 4, 7, 9, 12.
3 silver „ Nos. 3, 5 8.
1 steel hernia director.
1 double elevator.
6 pairs Spencer Well's forceps, nickelled.
1 „ fenestrated artery forceps.
2 „ Dieffenbach's „ „
1 „ bone „
1 „ bullet „
1 „ large dissecting „
1 bladder trocar and canula.
1 hydrocele „ „
1 Esmarch's bandage for bloodless operations
1 screw tourniquet.
1 pair nippers for silver wire, &c.
1 aneurism needle.
1 Liston's „ in handle.
12 surgical needles with metallic thread.
12 „ „ for suture wire.
6 half-curved needles for sutures.
1 long bullet probe, Nelaton's.
1 „ „ „ silver.
1 saw, movable back.
1 amputating saw, single.
3 Liston's knives, 6, 9, and 11 inch.
3 scalpels.
1 „ tang
1 tenaculum, common.
1 trephine, medium.
½ oz. Ferguson's thread.
1 reel ligature silk.
1 „ plated suture wire.
3 hank's sulphuric catgut ligature
1 extracting probang, double.
1 mahogany case.

APPENDIX No. 20.

(See paragraph 868.)

CONTENTS OF CAPITAL CASE OF INSTRUMENTS.

1 curved button pointed bistoury.
2 „ sharp „ „
1 hernia bistoury.
1 straight button pointed bistoury.
2 „ sharp „ „
1 glass stoppered bottle.
1 double tracheotomy canula, large, silver.
1 „ „ „ small „
4 elastic gum catheters, Nos. 1, 3, 5, 7.
1 silver, female „
3 „ male Nos. 4, 6.
1 director, steel, for hernia.
1 „ silver.
1 elevator, square pointed.
1 extractor, bullet.
1 forceps, artery Liston's.
1 „ „ Symes'.
1 „ bone, large.
1 „ bullet.
4 „ Dieffenbach's.
1 „ Ferguson's, clawed.
1 „ gouge.
1 „ necrosis.
1 „ ordinary dissecting.
1 gouge, straight.
4 amputating knives, Liston's.
1 tenotomy knife.
1 aneurism needle.
1 cataract „ and Walton's gouge in handle.
12 half-curved, needles for sutures.
1 needle, Liston's, large, in handle.
12 Spencer Wells forceps.
1 torsion forceps.
1 fenestrated forceps.
2 needles, suture.
1 „ Simpson's.

Appendix No. 20.

1 trocar, large plain handle.
1 „ small for hydrocele.
1 „ exploring, in ivory case.
1 syringe, glass, with platinum nozzle.
1 case for isinglass plaister.
2 reels of silk.
½ oz. ligature thread.
1 piece of wax.
¼ oz. plated wire.
12 hare lip pins.
1 pair of pliers for cutting wire.
1 probang, double.
1 set Bowman's and Anel's lachrymalis probes.
1 set probes, bullet, long.
2 Style's lachrymali, silver.
1 saw, amputating, plain handle.
1 „ Butcher's, with two spare blades.
1 „ Hey's.
6 scalpels.
1 tang and raspatory.
1 pair scissors, straight.
1 tourniquet, field.
1 „ screw.
1 tenaculum, common.
1 trephine, medium size.
1 „ small.
1 „ handle for.
1 mahogany case, brass bound.
1 black leather cover.

APPENDIX No. 21.

(See paragraphs 706, 715, 734, 780, 787.)

CONTENTS OF ORDERLY'S DRESSING CASE IN SURGICAL HAVERSACK.

Clasp knife, long bladed.
Scissors, strong.
Dressing forceps.
Spatula, large.
Probe and director, combined.
Needles, common (6).
Pins.
Skein of thread.
Leather case.

APPENDIX No. 22.

(See paragraph 868.)

CONTENTS OF CASE CONTAINING MICROSCOPE.

Microscope stand with condensor attached to optical body.
A, B, and C eye pieces.
2-inch, $\frac{5}{8}$-inch, $\frac{1}{7}$-inch object glasses.
Polarizing apparatus.
Box containing glass slides, thin covering glasses and tweezers.
Mahogany case.

APPENDIX No. 23.

(See paragraph 871.)

CONTENTS OF POST-MORTEM CASE OF INSTRUMENTS.

1 saw.
1 chisel.
1 hammer.
1 dissecting forceps, large.
1 bowel scissors.
1 dissecting scissors.
1 blowpipe.
1 dissecting hook.
3 scalpels.
1 „ post-mortem, large.
1 cartilage knife.
4 needles, half-curved.
2 needles, cut head.
1 set chain hooks.
Mahogany case.

APPENDIX No. 24.

(See paragraph 868.)

CONTENTS OF CASE OF TOOTH STOPPING AND SCALING INSTRUMENTS.

Scalers and stoppers (4).
Excavators and roseheads (3).
Sheets, gold leaf.
Amalgam.
Gutta-percha.
Leather case.

APPENDIX No. 25.

(See paragraph 871.)

CONTENTS OF CASE OF TOOTH INSTRUMENTS.

Upper Permanent Teeth.

No. 1. Incisors, canines and bicuspids.
„ 2. First and second molars, right.
„ 3. „ „ „ left.
„ 4. Third molar.

Lower Permanent Teeth.

No. 5. Incisors, canines and bicuspids.
„ 6. First, second, and third molars.
„ 7. Straight } stumps.
„ 8. Bent }
Nos. 9, 10, 11, and 12. For children.
1 set of 6 elevators to fit 1 handle.
1 tooth key and 3 claws.
1 spring gum lancet.
Mahogany case.

APPENDIX No. 26.

(See paragraphs 73, 98.)

CONTENTS OF POUCH OF TOOTH INSTRUMENTS.

Upper Permanent Teeth.

No. 1. Incisors, canines and bicuspids.
„ 2. First and second molars, right.
„ 3. „ „ „ left.
„ 4. Third molar.

Lower Permanent Teeth.

No. 5. Incisors, canines and bicuspids.
„ 6. First, second, and third molars.
„ 7. Straight } stumps.
„ 8. Bent }
1 set of 6 elevators to fit 1 handle.
1 tooth key and 3 claws.
1 spring gum lancet.
Leather pouch.

APPENDIX No. 27.

(See paragraphs 634, 868.)

CONTENTS OF BAG OF MIDWIFERY INSTRUMENTS.

1 Barnes' long midwifery forceps, nickel plated.
1 craniotomy " "
1 Oldham's perforator, nickel plated.
1 decapitator, "
1 blunt hook and crotchet "
1 female catheter, "
1 Simpson's uterine sound.
2 Playfair's probes.
1 membrane perforator.
1 Savage's uterine forceps, with 2 scarifiers.
1 umbilical scissors.
1 frænum "
1 Ferguson's speculum, metal.
1 Barnes' improved ditto, plated.
1 set ditto improved dilators, complete.
1 Skinner's inhaler.
4 stoppered bottles.
Morocco bag.

APPENDIX No. 28.

(See paragraph 868.)

CONTENTS OF CASE OF EYE INSTRUMENTS.

Straight iridectomy knife	1
Curved „ „	1
Weber's canuliculus „	1
Bowman's puncture „	1
Linear knives	2
Dixon's cataract knife	1
Démarre's retractor	1
Eyelid retractors (inside and outside)	2
„ „ (Saunders')	1
Curved iris forceps	1
„ scissors	2
Straight „ „	1
Maunoir's iris scissors	1
Straight forceps....	2
Cilia „	1
Bowman's probes (set)....	1
Vulcanized curette	1
Lens hook	1
Bowman's stop needle	1
Pricker	1
Scarpa's needle	1
Broad „	1
Beer's „	1
Silver spatula	1
Bowman's strabismus hook	1
Taylor's vectis	1
Cystotome and curette....	1
Double platinum iris hook	1
„ spoon	1
Mahogany case.	

APPENDIX No. 29.

(See paragraphs 73, 98, 871.)

CONTENTS OF CASE CONTAINING STOMACH PUMP.

Syringe with double lever action.
Gag.
1 œsophagus tube.
1 enema tube.
2 ivory rectum pipes.
Seat.
Mahogany case.

APPENDIX No. 30.

(See paragraph 868.)

CONTENTS OF CASE OF CUPPING INSTRUMENTS.

1 scarificator with 12 lancets.
6 glasses.
1 torch.
1 bottle.
Mahogany case.

APPENDIX No. 31.

(See paragraph 868.)

CONTENTS OF URINOMETER CASE (LARGE).

1 thermometer.
1 urinometer, metal, in leather case.
4 nests of test tubes.
4 test books.
6 watch glasses.
1 pair forceps.
1 tube holder.
1 lamp glass.
3 bottles, stoppered and capped.
1 trial glass.
1 watch glass holder.
1 stirring rod.
1 pipette.
Mahogany case.

APPENDIX No. 32.

(See paragraphs 98, 871.)

CONTENTS OF BOX OF APPARATUS FOR FRACTURES AND DISLOCATION.

Double incline plane, McIntyre's.
2 jointed thigh splints, wood.
Jointed elbow „ wire.
Radius „ „
1 pair fore-arm „ „
1 pair upper-arm „ „
2 pair thigh „ „
Set of Duncan's ratan cane splints.
„ japanned leg splints.
6 pasteboards for „
1 lb. gutta-percha for „
Salter's leg sling.
Set gypsum bandage instruments, in case. (See Appendix 63.)
Set of dislocation apparatus.
4 yards gutta-percha tissue.
1 lb. dextrine.
2 lbs. plaster of Paris.
12 loosewove bandages.
2 lbs. tow, carbolised.
1 lb. cotton wool, antiseptic.
2 yards flannel serge, open texture, antiseptic.
2 arm slings, 1 leather, 1 wire.
12 Esmarch's bandages, printed.
24 straps with buckles.
1 old linen sheet.
2 broad flannel bandages, 7 by 6.
1 counter extension apparatus.

APPENDIX No. 33.

(See paragraphs 787, 871.)

CONTENTS OF FIELD FRACTURE BOX.

(Weight about 52 lbs.)

2 jointed thigh splints, wood.
1 set leg splints, right and left, wire.
1 set " " " wood.
½ set Pott's splints, wood.
1 " " wire,
6 pasteboard splints.
1 radius splint, wire.
1 modified McIntyre's splint, wire.
2 yards gutta-percha tissue.
1 lb. plaster of Paris, in ½-lb. tins.
½ lb. cotton wool, antiseptic.
½ lb. tow, carbolised.
2 yards flannel serge, open texture, antiseptic.
12 loosewove bandages.
12 Esmarch's bandages, printed.
12 straps with buckles.
1 old linen sheet.
1 counter extension apparatus.
Set gypsum bandage instruments, in case.

(See Appendix 63).

APPENDIX No. 34.

(See paragraphs 73, 98, 766, 734, 780, 787, 868.)

CONTENTS OF FIELD MEDICAL COMPANION.

(Weight about 11 lbs.)

Medicines.

Chloroform	2	oz.
Iodoform	1	„
Mixture for Diarrhœa	1½	„
Spirit Ammoniæ Aromat.	1½	„
Tinct. Opii	1½	„
Vaseline Antiseptic...	1	box.

Powders.

No. 1.	Emetic { Antim. Tart., gr. i. / Acacia Pulv., gr. iij. } in each powder	1½	doz.
„ 2.	{ Hydrarg. Subchlor., gr. ij. / Pulv. Jacobi. gr. iij. / Pulv. Ipecac, Co., gr. x. } in each compressed ...	2	„
„ 3.	Ipecac. Pulv., gr. xx, compressed ...	1	„
„ 4.	Pulv. Cretæ Arom. c Opio, 20 grs. in each, compressed	2	„
„ 5.	Pulv. Jalapæ Comp., 20 grs. in each, compressed	2	„

Pills.

No. 6.	{ Acid Gallic, gr. iijss. / Morph.-Mur., gr. ⅛. / Ext. Gentian, gr. i. } in each pill ...	4	„
„ 7.	{ Hydrarg. Subchlor., gr. i. / Pulv. Opii, gr. i. } in each pill ...	5	„
„ 8.	{ Plumbi Acet., gr. iij. / Pulv. Opii, gr. i. / Pulv. Calumbæ, gr. i. } in each pill ...	4	„
„ 9.	{ Colomel, gr. ij. / Pil. Rhei Co. / Pil. Coloc. Co. aa gr. ij. } in each pill ...	4	
„ 10.	Quiniæ Sulphatis, gr. ij. in each pill ...	8	„
„ 11.	{ Camphor, gr. iij. / Pulv. Opii, gr. ij. / Pulv. Capsici, gr. ½ } in each pill ...	3	„
„ 12.	Opii Pulv., gr. i in each pill	12	„

Appendix No. 34.

No. 13.	Pulv. Aloes Barb., gr. iss. „ Jalapæ, gr. ij. „ Colocynth, gr. i. „ Cambogia, gr. ¼ Sapo Dur., gr. ½ Ol Carui, m. ¼, ft. pil. ij.	2 pills for a dose	4 doz.

Tablets.

No 14.	Aromatic Confection, ʒ ss each.	No 16
„ 15.	Opiate Confection, ℈ i each	24

Surgical Appliances, &c. (Antiseptic).

Bandages, open woven, No. 3.
„ suspensory, No. 2.
„ first dressing, Esmarch's, with pins, &c., No. 2.
Calico, 1 yard.
Boric wool, 2 oz.
Candle and wax matches, in tin case.
Horn cup, graduated.
Lint, ¼ lb.
Measure, minim, in case.
Plaster, adhesive tapes, 12 yards.
„ isinglass, 1 in. tape, 1 tin.
Gutta-percha tissue, ¼ yard.
Catheter's elastic gum, No. 3.
Sponges, surgeon's, No. 3, } in waterproof bag.
Zinc basin, small, }
Improved ratan splints, with pad cases, 1 pair.
Tourniquet, field, No. 1.
„ Esmarch's web, No. 2.
„ tape, No. 6.

Leather Case, containing—

Ligature thread.
Ligature silk.
Surgeons' needles.
Sewing needles.
White wax.
Scissors.
Tape.
Pins.
Hare lip or acupressure pins.
Safety pins.
Sulphuro-chromic catgut ligatures.

Hypodermic syringe, in case, with bottle of morphia injection, and tube of morphia discs.
Water bottle, with drinking cup and strap complete.

APPENDIX No. 35.

(See paragraphs 706, 715, 734, 780, 787.)

CONTENTS OF SURGICAL HAVERSACK AND SURGICAL BAG.

(Haversack weight 5 lbs.)

Morphia injection, in stoppered bottle and box-wood case	½ oz.
Sal volatile, in stoppered bottle and boxwood case...	2 oz.
Graduated horn cup	1
Lint, antiseptic	4 oz.
Loose wove bandages, antiseptic	4
First dressing bandages "	3
Boric wool	2 oz.
Isinglass plaster, 1-inch tape	1 tin.
Plaster, adhesive, 12 yards, 1-inch tape ...	2 tins
Sponges, in waterproof bag	2
Tourniquets, field	2
" screw, small	1
" Esmarch's web	2
Wax candle and matches	1 tin box.
Wire arm splints, with tapes and buckles ...	2 pairs.
Orderlies dressing case, improved	1 (App. 21)
Waterproof canvas bag, containing the above.	
Water-bottle with drinking cup and strap complete.	

Bag for Cavalry.

(See paragraph 787.)

(Weight 4 lbs. 6 oz.)

Amputating saw	1
" knives	2
Scalpels	2
Finger knife	1
Short bone nippers	1
Necrosis forceps	1
Artery "	1
Torsion "	1
Dressing " (with catch)	1
Bullet "	1
Bull dog "	3
Scissors, pairs	1

Appendix No. 35.

Elevator	1
Blunt hook	1
Aneurism needles	1
Tenaculum	1
Tourniquet (bloodless operation)	1
G. S. catheters (No. 7 and No. 8, with silver stilette)	
Bullet probe	1
Acupressure pins	
Needles	
Silver sutures	
Silk thread ligatures	
Adhesive plaster	
Lint	
Bandages	3
Bottles	2
Bag, leather, containing the above	

APPENDIX NO. 36.

(See paragraphs 98, 582).

CONTENTS OF MEDICINE CHEST.

Medicines.

	lbs.	oz.	Letter and Number.
Acaciæ Pulv:		8	C
Acid Acetic:		4	A
Acid Carbolic Liq:		4	A
„ Carbolic Xtl:		2	A
„ Citric Pulv:		3	B
„ Gallic		2	A
„ Hydrochlor...		2	A
„ Hydrocyan Dil:		1	A
„ Nitric		2	A
„ Sulphuric		4	A
„ Tannic		1	A
„ Tartar Pulv:		3	B
Alumen Exsic. Pulv:		2	B
Ammon. Bromid:		3	B
„ Carbon:		4	A
„ Chlor. Pulv:		3	B
Amyli Pulv:		8	C
Antim. Tartarat:		1	A
Aq. Destillat:		8	C
Argent. Nit:		2	A
Bismuth, Subnit:		2	A
Borax		2	A
Camphor, compressed		12	6
Charta Sinapis .. .. .. tins	5	..	9
Chloral Hydras:		2	A
Chlorodyne.		2	A
Chloroform (2 bottles)		12	A
Collodium..		2	A
Conf. Rosæ		2	4
Creasotum..		1	A
Cupri. Sulph:		1	A

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	lbs.	oz.	Letter and Number.
Emp. Cantharid:..	..	8	9
„ Resinæ:	..	8	9
Ext. Belladon:	..	2	4
„ Cinchon Cord Liquid:	..	3	B
„ Conii..	..	2	4
„ Ergot Liq:	..	2	A
„ Filicis Liq:	..	2	A
Ferri Sulph:	..	1	A
„ et Ammon. Cit:	..	2	A
„ et Quiniæ Cit:	..	2	B
Glycerine	..	12	C
Glycer. Acid Tannic:	..	2	A
Hydrarg. Perchlor. (Corrosive Sublimate)	..	3	A
„ Subchlor. (Calomel)	..	4	A
„ c̄ Creta	..	2	A
„ Oxid. Rub:	..	3	A
Inj. Morphiæ, Conc: 1 in 6	..	2	A
Iodoform	..	2	A
Iodum	..	3	A
Ipecac. Pulv:	..	2	B
„ „ (compressed) .. doz.	6	..	4
Jalapine	..	1	A
Lin. Saponis	..	8	C
Liq. Arsenicalis..	..	2	A
„ Ammon. Fort:	..	4	A
„ „ Acet. Conc:	..	4	A
„ Calcis. Sulph:	2	..	B
„ Cubebæ Co:	2	..	C
„ Epispasticus.	..	2	A
„ Ferri Perchlor. Fort:	..	1	A
„ Plumbi. Subacet:	..	6	A
„ Potassæ	..	3	B
„ Sodæ Chlor:	..	5	C
„ Strychniæ	..	1	A
„ Zinci Chlor:	..	12	C
Magnesiæ Carbon:	..	4	C
Magnes. Sulph. Exsic:	2	..	A
Mangan. Oxid. Nig:	..	6	B
Mist. pro Diarrhœa.	..	2	A
„ Senna Co. Conc:	2	..	C
Morph. Hydroch:	..	1	A

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	lbs.	oz.	Letter and Number.
Ol. Anethi.	..	1	A
„ Cassiæ.	..	1	A
„ Crotonis.	..	1	A
„ Menth Pip:	..	1	A
„ Olivæ	..	8	C
„ Ricini (Insip.) (2 bottles)	4	..	B
„ Terebinth:	..	8	C
Opii Pulv:	..	1	A
Pepsine.	..	2	B
Pil. Hydrarg: (Mass)	..	2	4
„ Rhei. Co: (Mass)	..	2	4
Pills, No. 7.	30	doz.	B
„ „ 8.	17	„	B
„ „ 9.	13	„	B
„ „ 10.	16	„	B
„ „ 11.	8	„	B
„ „ 12.	43	„	B
„ „ 13.	20	„	B
„ Cough.	16	„	B
„ Podoph et Tarax:	13	„	B
Potass: Bicarb: Pulv:	..	3	B
„ „ „ (compressed) ..	15	doz.	4
„ Bromid:	..	4	B
„ Chlorat:	..	4	B
„ Nit. Pulv:	..	8	C
„ Iodidum.	..	8	C
„ Tartras Acida.	1	..	B
Pulv. Antim. Jacobi.	..	2	B
„ Cretæ Aromat	..	3	B
„ Cretæ Arom. *c* Opio.	..	3	B
„ Ipecac. Co:	..	3	A
„ Kino. Co:	..	2	A
„ Scammo. Comp:	..	2	A
„ Seidlitz: (condensed)	2	..	A
Quiniæ Disulph: (compressed)	1	4	C
Rhei Pulv:	..	2	B
Santonine...	..	1	A
Sodæ Bicarb. Pulv:	..	8	C
„ „ „ (compressed).. ..	15	doz.	4
„ Salicylas.	..	2	B
Sp. Ammon. Aromat:	..	8	C

Appendix No. 36.

	lbs.	oz.	Letter and Number.
Sp. Ætheris.	..	3	B
„ „ Nit:	..	8	C
„ Chloroformi:	..	3	B
„ Rectif:	..	8	C
Tinct: Aconiti.	..	1	A
„ Camph. Co:	1	..	B
„ Cardam. Co:	..	3	B
„ Capsici.	..	3	B
„ Catechu.	..	8	C
„ Digitalis.	..	2	A
„ Ferri. Perchlor:	..	8	C
„ Gent. Co. Conc: (1 to 7)	..	3	B
„ Hyoscyam:	..	3	B
„ Iodi.	..	1	A
„ Ipecac. et Opii.	..	2	A
„ Nucis: Vomic:	..	2	A
„ Opii.	..	8	C
„ Rhei.	..	8	C
„ Zingib. Fort:	..	2	A
Ung: Hydrarg:	..	8	C
„ „ Nit:	..	4	C
„ Resinæ.	..	8	9
„ Zinci.	1	..	9
Vin: Colchici.	..	8	C
„ Opii	..	1	A
Vaseline (Antiseptic)	2	8	C
Zinci Chlor:	..	2	A
„ Sulph:	..	4	B
Zinci Valerian:	..	½	A
Zingiber Pulv:	..	2	B

Medicated Gelatine Preparations.—Drawer 6.

Lamels for Internal Use—1 Sheet each.

Antim Tart:
Emetia.
Ipecac: Extract:
Iron Ammon: Citrate.
James's Powder.
Mercury Chloride.

Appendix No. 36.

Morphia Mur:
Nucis Vom. Extract.
Opium Extract.
„ and Ipecac:
Podophyllin.
Quinine.

Discs for Hypodermic Solution—1 Tube each.

Curara.
Ergotine.
Eserine.
Morphia.
„ and Atropia.
Quinine.
Strychnine.

Discs for Ophthalmic Use—1 Tube each.

Alum.
Atropine.
„ and Morphia.
Calabarised.
Copper Sulphate.
Opium and Lead Acetate.

Materials.

	Quantity.	Letter and Number.
Bandages, Esmarch's	12	12
„ Flannel	4	12
„ „ 6-inch	2	10
„ loose wove	12	12
„ suspensory	4	12
Basins, kidney-shaped	4	11
Bolus tile	1	Counter
Bottles, ½ oz. to 8 oz.	24	12
Camel's hair brushes	10	3
„ „ „ throat	2	11
Calico	4 yd	10
„ thin	2 „	10
Case containing—		
Catheters, elastic gum, 1 to 6	6	11
„ nickel, 7 & 8	2	11
„ silver, 8 & 4	2	11
Lister's sounds	2	11

Appendix No. 36.

	Quantity.	Letter and Number.
Caustic holder, vulcanite	1	8
Corks, vial	6 doz.	2
„ pint	3 „	2
Corkscrew (compound)	1	5
Drainage tubing, assorted	6 yds.	10
Dressing tray (movable partitions)	1	on left wing
Emp. Adhesivum (6-inch), 6 yds.	1 tin	9
„ „ (1-inch), 6 yds.	6 tins	9
„ Ichthyocolla (8-inch), 1 yd.	1 „	9
„ „ (1-inch), 12 yds.	6 „	9
„ Cer. Saponis (6-inch), 6 yds.	1 „	9
Enema, I.R., and 2 pipes	1	11
Etna, complete	1	11
Flannel, fomentation	1 yd.	10
Funnel	1	11
Gallipots (in sorts)	12	7
Gauze, antiseptic	6 yds.	10
Gutta-percha tissue	1 yd.	10
Horn cup	1	11
Hospital recipe book	1	bk. of lid
Ice bags, head and spine	2	11
Ink, solidified	1 tin	3
Inkstand	1	3
Knives, pill and palate	2	5
Labels, blank	200	3
Leather case, containing—	1	8
Surgeon's needles.		
Common „		
Harelip pins.		
Safety „		
Common „		
Ligature thread.		
„ silk.		
„ chromic catgut.		
Scissors.		
Tape.		
Wax.		
Lint, antiseptic	2 lb.	10
Linen sheeting	2 yds.	10
Measuring tape	1	8
Measures (minim)	2	11

Appendix No. 36.

	Quantity.	Letter and Number.
Measures (2 oz.)	1	11
„ (oz. pewter)	1	11
Mortar and pestle (No. 2)	1	7
Packthread	2 oz.	7
Paper, filtering	½ quire	11
„ wrapping	1 „	11
„ writing	1 „	11
Pencils, lead	2	3
Pharmacopœia conspectus	1	1
Pencils, indelible	2	3
Spare leads for do	2 boxes	3
Pens	2 „	3
Penholders	2	3
Pill boxes, chip	½ paper	1
„ „ paper	1 „	1
Pins, large	1 „	8
Scales and weights grain (extra weights) ..	1 set	2
„ „ „ ounce	1 „	2
Scissors	1 pair	5
Screw-drivers	2	5
Skin of leather	1	10
Spongio piline	¼ yd.	10
Sponges (Surgeons')	6	10
„ large	1	10
Spatula, spreading	1	5
Stethoscope, vulcanite	1	11
Stopper loosener, improved	1	11
Straining cloth	½ yd.	10
Syringe, brass, complete	1	11
„ hypodermic; with morphia discs and tube of solution	1	8
„ glass, ear	1	8
„ „ 2 male, 1 female	3	8
Teaspoons	2	5
Test tubes	3	8
„ books	6	8
Thermometer, clinical	1	8
Tow, antiseptic	2 lb.	10
Trusses, reversible	2	10
Urinometer, brass, with trial glass	1	11
Waterproof cloth	2 yds.	10
Wool, antiseptic	1	7

APPENDIX No. 37.

(See paragraphs 338, 868).

CONTENTS OF CHEMICAL CABINET.

half-litre bottles, holding the following standardized solutions :—
- Permanganate of potassium.
- Chloride of ammonium.
- Nitrate of silver.
- Soap solution.
- Nitrate of barium.
- Oxalic acid.
- Solution sulphuric acid for carbonates.
- Alkaline solution for acidities.
- Ferric solution.
- Sodium hydrate solution from metal sodium for NO_3
- Wanklyn's solution of permanganate of potassium and solid caustic potash.
- Nessler's solution.
- Lime-water.
- Distilled water (2 bottles).
- Alcohol.

shaking bottles for soap test.
funnel (2 others in drawer).
long-tube brushes for cleaning burettes.
dozen test tubes (on right-hand side of chest).
small bottles, containing weighed quantities of the under-mentioned articles :—
- 4 containing permanganate of potassium (·1975 gramme for ½ litre of water).
- 3 containing nitrate of barium (·13 gramme for ½ litre of water.
- 3 containing oxalic acid (3·15 grammes for ½-litre of water).
- 1 containing brucine (1 gramme).
- 1 containing chloride of ammonium (·1575 gramme).
- 2 containing Pasteur's powder (1·0 gramme).

dozen books each of litmus and turmeric paper in turned wood boxes.
100 C.C. measure graduated to C.C.
burette to deliver 25 C.C. graduated to ½ C.C.

Appendix No. 37.

1 burette to deliver 10 C.C. graduated to $\frac{1}{10}$ C.C.
1 stoppered burette, delivering 50 C.C. graduated to $\frac{1}{2}$ C.C.
6 jets with indiarubber tubing for burettes.
6 pinch cocks for ditto.
1 thermometer Fahr. graduated from 0 to 400°.
1 wet and dry bulb thermometer for air analysis.
1 gilt urinometer from 1000 to 1040.
1 gilt hydrometer „ 1000 to ·980.
1 Vogel's lactoscope.
2 round porcelain dishes for incineration.
3 porcelain crucibles with covers.
3 glass stiring rods.
1 engineer's 2-foot rule, with brass slide.
4 indiarubber caps, with two necks.
1 tape measure.
11 four-ounce bottles, containing solutions, viz. :—
- Iodide of potassium.
- Oxalate of ammonium.
- Fehling's sugar test.
- Iodine solution.
- Cochineal solution.
- Acetate of lead.
- Dilute hydrochloric acid.
- Dilute nitric acid
- Monochromate of potassium.
- Brucine.
- Molybdate of ammonium.

2 three-ounce bottles, with glass caps, containing—
- Sulphide of ammonium.
- H_2S in glycerine.

24 four-ounce wide-mouthed stoppered bottles, containing dry substances, viz. :—
- Red prussiate of potassium.
- Yellow prussiate of potassium.
- Chloride of ammonium.
- Chloride of gold.
- Chloride of barium.
- Nitrate of barium.
- Oxalic acid (crystalised).
- Oxalate of ammonium.
- Nitrate of silver.
- Nitrite of potassium.
- Permanganate of potassium.
- Soft soap.
- Hyposulphite of sodium.
- Nitroprusside of sodium.

Sulphate of copper.
Copper foil.
Aluminium foil.
Zinc foil.
Starch.
Sulphate of iron.
Isinglass.
Phenol-phthaleine.
Meta-phenylenediamine.
Powder for making Pasteur's microzyme test.
1 three-ounce bottle, with glass cap and engraved label containing strong and pure sulphuric acid in tin case.
1 brass spirit lamp.
1 tin of Swedish filter papers.
4 brass burette-holders.
2 brass rings.
1 air meter.
2 stoppered retorts.
1 copper Liebig's condenser.
1 chemical balance in mahogany box.
1 set metrical weights in mahogany box with forceps.
2 receivers.
1 collapsing tripod.
4 yards indiarubber tubing.
1 iron stand with rod and nut.
1 universal clamp.
2 glass flasks.
1 nest of glass beakers.
2 glass funnels.
3 evaporating dishes.

APPENDIX No. 38.

(See paragraphs 706, 737, 780, 781.)

MEDICAL FIELD PANNIERS.

Contents of No. 1 "Medicine Pannier."

(Weight about 90 lbs.)

MEDICINES.

In Body of Pannier.

Acid. Boracic:	2 oz.
„ Carbolic, Cryst:	4 „
„ „ Liquid:	4 „
„ Gallic.	1 „
„ Sulph: Dil:	4 „
Ammon: Carbon:	2 „
Antim: Tartaratum:	1 „
Argent: Nitrat:	1 „
Chlorodyne.	2 „
Cupri Sulph:	1 „
Chloral: Hydrat:	2 „
Chloroform Pur: (in 2 bottles)	9 „
Inject. Morphiæ Conc.	1 oz.
Ipecac. Pulv.	2 „
Iodoform	2½ „
Jalapine	1 „
Ext. Opii Liq:	4 „
Liq. Ferri Perchlor. Fort...	6 „
„ Epispasticus	1 „
Mist pro Diarrhœa	4 „
Liq. Plumbi Subacet	4 „
Ol Menthæ. Pip.	1 „
Morphiæ Acet.	½ „
Ol. Olivæ	4 „
Ol. Ricini	8 „
Ol. Terebinth	4 „
Pills, No. 7 : Hydrarg: Subchlor: Opii Pulv:, aa. gr. i. in each pill	9 doz.
Pills, No. 8 : Plumbi Acet:, gr. iij. Opii Pulv:, gr. i. Calumbæ Pulv:, gr. i. in each pill.	5 „

Appendix No. 38.

Pills, No. 9 :	Hydrarg: Subchlor:	5 doz.
	Pil: Rhei. Comp:	
	Pil: Coloc: Comp:, aa. gr. ij.	
	in each pill.	
Pills, No. 10 :	Quiniæ Sulph:, gr. ij.	6 „
	in each pill.	
Pills, No. 11 :	Camphoræ, gr. iij.	2 „
	Opii Pulv:, gr. ij.	
	Capsicl Pulv:, gr. ½	
	in each pill.	
Pills, No. 12 :	Opii Pulv:, gr. i. in each pill ...	25 „
Pills, No. 13 :	Pulv. Aloes Barb, gr. iss. ...	5 „
	„ Jalapæ, gr. ij.	
	„ Colocynth, gr. i.	
	„ Cambogia, gr. ¼	
	Sapo Dur:, gr. ½	
	Ol: Carui, m. ¼	
	in 2 pills for a dose.	
Quiniæ Sulph: (compressed)		16 oz.
Spirit: Ætheris.		4 „
Spirit: Ammon: Aromat:...		4 „
Tinct: Aconiti.		1 ,
„ Opii.		4 „
„ Ipecac: et Opii (Liquid Dover's Powder)		2 „
Vaseline (Antiseptic)		1¼ lb.
Brandy		½ pt.
Water, distilled		½ „
Zinci Sulph:		2 oz.
Specification Tallies, Book		1 „

INSTRUMENTS, &c.

Drawer No. 1.

Camel hair pencils	No.	6
Clinical thermometer	„	1
Corkscrew, compound	„	1
Envelopes, linen lined	„	25
Indelible pencils	„	4
Ink, solidified	pkt.	1
Inkstand	No.	1
Knives, pill and palate	„	2
Labels	„	100
Mustard leaves	tin	1
Needles, hare lip	No.	12
„ acupressure	„	6
„ packing	„	2

Appendix No. 38.

Note-book, with metallic pencil	No.	1
Penholders	"	2
Pens	box	1
Pins, safety...	"	1
Scissors	No.	1
Spare leads for pencils	box	1
Spoons, tea...	No.	2
Stethoscope	"	1
Syringe, hypodermic screw with stoppered bottle of solution	"	1
Ditto, ditto, with 2 tubes of discs	"	1
Writing paper	quire	½

Drawer No. 2.

Gallipots, in sorts	No.	3
Horn cup, graduated	"	1
Ipecac. compressed, 20 gr. each	doz.	6
Measures, graduated glass, 2 oz.	No.	1
" " " minim	"	3
Mortar and pestle	"	1
Packthread	ball	1
Potass bicarb, compressed, 10 gr. each	doz.	15
Scales and weights, grain	set	1
Sodæ bicarb, compressed, 10 gr. each	doz.	15
Stopper loosener	No.	1
Test tubes	"	3
" Paper	books	2

Drawer No. 3.

Medicated gelatine discs and lamels	tin	1

Lamels for internal use—1 sheet each.

Antim. Tart.	Morphia Mur.
Emetia.	Nucis. Vom. Extract.
Ipecac. Extract.	Opium Extract.
Iron Ammon. Citrate.	" and Ipecac.
James's powder.	Podophyllin.
Mercury Chloride.	Quinine.

Discs for Hypodermic Solution—1 tube each.

Curara.	Morphia and Atropia.
Eserine.	Quinine.
Ergotine.	Strychnine.
Morphia.	

Discs for Ophthalmic use—1 tube each.

Alum.	Calarbarised.
Atropine.	Copper Sulphate.
" and Morphia.	Opium and Lead Acet.

Appendix No. 38.

Brass syringe, with rose jet	No.	1
Candles, wax	"	6
Candle and match boxes	"	2
I.R. enema, with tubing, stopcock, and rose-headed jet for irrigation	"	1
Zinci. Chlor.	oz.	1

Lower Compartment.

Splints, Duncan's Patent, in tin box (the longest pair is in No. 2 pannier)	set	1
Surgeon's instruments, in flax cover	case	1

Contents of No. 2 "Material Pannier."

(Weight about 80 lbs.)

*Basket A.**

Fast edged bandages	No.	6
Calico bandages	"	6
Leather cases, fitted complete	"	2
Containing—Needles, sewing, No. 6		
" surgeon's " 6		
Pins ... ... ½ paper.		
Scissors... ... 1		
Silk ligature ... ½ oz.		
Thread ... ... ½ "		
Tape ... ... 1 piece.		
Wax ... ... 1 "		
Lint, antiseptic	oz.	8
Plaster isinglass (in 2 tins)	yds.	2
" adhesive, tapes	tins	6
Sponges in 2 wrappers, German cloth, with straps		12
Tourniquets, field		4
" screw		2
" Esmarch's web, elastic		6
" tape		12

Basket B.

Esmarch's triangular bandages	No.	12
Cotton wool, antiseptic	lb.	1

* The basket *A* is constructed, and the contents arranged, to form two dressing trays when occasion requires, so that half of the articles above specified are for each dressing tray.

Appendix No. 38.

Extract of meat (in 4 tins)	lbs.	2
Etna, improved, with 2 drinking cups, and tin of Rectified spirit	No.	1
Kidney-shaped basins for washing wounds ...	„	4
Urinal, gutta-percha	„	1
Candle, lantern	„	1

*Wrapper.**

Antiseptic gauze	yds.	6
„ Silk protective	„	2
Calico	„	4
Waterproof dressing cloth	„	2
*Waterproof sheeting (German cloth)	„	2¾

Tin C.

Tenax	lb.	1
Creasote, in stop bottle and boxwood case ...	oz.	2
Carbolized catgut, in stop bottle and boxwood case	hanks	6
American indiarubber plaster	tin	1
Drainage tubing, assorted sizes, under false bottom	yds.	6

Tin D.

Calico bandages	No.	6
Fast edged „	„	12
Flannel „	„	4

Strapped in the Lid.

Memorandum book	No.	1
Long jointed splint, Liston's	„	1
Splint's, Duncan's	pairs	1
„ Wire, with pad cases	„	2

N.B.—In pack transport the field medical companion will be strapped on this pannier to equalize the weight of the side load with No. 1 medical pannier, the weight of each side load being then about 90 lbs.

APPENDIX NO. 39.

(See paragraphs 780, 781, 787.)

RESERVE MEDICAL FIELD PANNIERS.

Contents of No. 1 "Reserve" Medicine Pannier.

Weight about 85 lbs.)

MEDICINES IN BODY OF PANNIER.

Acid, Boracic:	4 oz.
„ Carbolic, Cryst:	4 „
„ „ Liquid:	4 „
„ Gallic.	2 „
„ Sulph: Dil:	4 „
Ammon: Carbon:	4 „
Antim: Tartaratum	2 „
Argent: Nitrat:	2 „
Chloral: Hydrat:	4 „
Chlorodyne.	4 „
Chloroform Pur:, in 3 bottles	18 „
Creasote.	4 „
Ext. Opii Liq:	4 „
Inject: Morphiæ Conc:	2 „
Iodoform	5 „
Ipecac: Pulv:	4 „
„ „ (compressed, 20 grains each ...	12 doz.
Jalapine....	2 oz.
Ligatures, carbolised cat-gut	12 hanks
Liq: Ferri Perchlor: Fort:	6 oz.
„ Epispasticus.	2 „
„ Plumbi Subacet:	4 „
Mist: pro Diarrhœa	8 „
Morphiæ Acet:	1 „
Ol: Menthæ: Pip:	2 „
Ol: Olivæ:	8 „
Ol: Ricini...	16 „
Ol: Terebinth:	8 „
Pills, No. 7, Hydrarg: Subchlor:	18 doz.
Opii Pulv:, aa. gr. i. in each pill.	
Pills, No. 8, Plumbi Acet:, gr. iij.	10 „
Opii Pulv:, gr. i. Calumbæ Pulv:, gr. i. in each pill.	

Appendix No. 39.

Pills, No. 9, Hydrarg: Subchlor:	10 doz.
Pil: Rhei: Comp:	
Pil: Coloc: Comp:, aa. gr. ij.	
in each pill.	
Pills, No. 10, Quiniæ Sulph:, gr. ij.	12 „
in each pill.	
Pills, No. 11, Camphoræ:, gr. iij.	4 „
Opii Pulv:, gr. ij.	
Capsici Pulv:, gr. ½.	
in each pill.	
Pills, No. 12, Opii Pulv:, gr. i. in each pill ...	50 „
Pills, No. 13, Pulv: Aloes: Barb:, gr. iss. ...	10 „
„ Cambogia, gr. ¼.	
„ Colocynth, gr. i.	
„ Jalopæ, gr. ij.	
Ol: Carui, m. ¼.	
Sapo Dur:, gr. ½	
in 2 pills for a dose.	
Pill and powder tin complete, for field companion	No. 1
Potass: Bicarb: (compressed)	30 doz.
„ Bromid:	8 oz.
„ Iodid:	8 „
Quiniæ Sulph: (compressed), in 2 tins	2 lb. 8 oz.
Sodæ Bicarb: (compressed)	30 doz.
Spirit Ætheris	8 oz.
Spirit: Ammon: Aromat:	8 „
Tinct: Aconiti.	2 „
„ Ipecac: et Opii (Liquid Dover's Powder)	4 „
„ Opii.	8 „
Vaseilne (Antiseptic)	2 lb.
Zinci Chlor:	2 oz.
Zinci Sulph:	4 „

Medicated gelatine discs and lamels.

Lamels for internal use—1 sheet each.

Antim: Tart:	Morphia Mur.
Emetia.	Nucis. Vom. Extract.
Ipecac: Extract.	Opium Extract.
Iron Ammon: Citrate.	„ and Ipecac.
James's Powder.	Podophyllin.
Mercury Chloride.	Quinine.

Discs for Hypodermic Solution—1 tube each.

Curara.	Morphia and atropia.
Ergotine.	Quinine.
Eserine.	Strychnine
Morphia.	

Appendix No. 39.

Discs for Ophthalmic use—1 tube each.

Alum.	Calabarised.
Atropine.	Copper Sulphate.
„ and Morphia.	Opium and Lead Acet.

Drawer No. 1.

Camel hair pencils	No.	12
Candles, wax	doz.	1
Clinical thermometer	No.	1
Corkscrew, compound	„	1
Indelible pencils	„	8
Ink, solidified...	pkts.	2
Knives, pill and palate	No.	2
Labels...	„	100
Needles, acupressure...	„	12
„ hare lip	„	24
„ packing	„	4
Note-book, with metallic pencil	„	1
Penholders	„	4
Pens	boxes	2
Pins, safety	„	2
Scissors	No.	1
Spare leads for pencils	boxes	2
Specification tallies	books	2
Spoons, tea	No.	2
Stethoscope	„	1
Stopper loosener	„	1
Syringe, hypodermic screw, with stoppered bottle of solution	„	1
Do. do. with 2 tubes of discs	„	1
Do. do. with tube of discs and bottle of solution	„	2
Weights, grain and drachm	set	1

Drawer No. 2.

Gallipots in sorts	½	doz.
Graduated glass measure, 2 oz.	No.	1
„ „ „ minim	„	5
„ horn cups—1 large, 2 small	„	3
Inject. Morphiæ Conc. in 2 stoppered bottles and boxwood cases for haversacks	oz.	1
Iodoform, in 2 stoppered bottles and boxwood cases for field companion...	oz.	2
Mustard leaves	tins	2
Packthread	balls	2
Sal volatile, in 2 stoppered bottles and boxwood cases for haversacks	oz.	4

Appendix No. 39.

Test papers	books	4
„ tubes	No.	6
Tooth forceps } in leather case { ...	„	2
„ key with 3 claws } in leather case { ...	„	1

Drawer No. 3.

Drainage tubing, of sizes	yds.	12
Sponges, surgeons'	No.	10
Sponge bags	„	4

Drawer No. 4.

Bandages, first dressing	No.	10
„ suspensory	„	4
Calico, thin	yds.	2
Gutta-percha tissue	„	½
Leather case, containing needles, thread, &c., for field companion	No.	1
Lint, antiseptic	lb.	1

Contents of No. 2 "Reserve" Material Pannier.

(Weight about 85 lbs.)

Tin B.

Bandages, calico	No.	24
„ fast edged	„	24
„ flannel	„	8
„ woven	„	14

Tin C.

„ Esmarch's triangular	„	24

Tin A.

Calico	yds.	4

Tin D.

Catheters, olivary	No.	6
Enema, I.R., with rose-headed jet and I.R. tubing, with stopcock for irrigation	„	1

Tin A.

Gauze (Antiseptic)	yds.	12
Lint	lb.	1

Appendix No. 39.

Tin D.

Plaster, adhesive tapes	...tins	20
„ „ I.R.	... „	2
„ isinglass tapes	... „	4
„ „	...yds.	4

Tin A.

Sponges	...No.	24
Sponge wrappers, with straps	... „	4

In Body of Pannier.

Splints, wire arm, for haversacks	... pairs	4
„ with pad cases, for panniers ...	... „	4
„ cane, with pad cases, for companion	... „	2
„ cane, Duncan's	...set	1
„ long-jointed...	...No.	1

Tin A.

Silk, antiseptic protective	...yds.	4
Tenax	...lb.	1

Tin E.

Tourniquets, Esmarch's web	...No.	18
„ field	... „	8
„ screw	... „	3

Tin B.

„ tape	... „	36

Tins C and E.

Wool, antiseptic	...lb.	1

Tin A.

Waterproof dressing cloth	...yds.	4

In Body of Pannier.

„ cloth	... „	2¾

APPENDIX No. 40.

(See paragraphs 781, 787.)

"SPECIAL" SURGICAL PANNIER.

Contents of No. 1 Pannier.

(Weight about 84 lbs.)

All appliances are antiseptic.

Tin A.

Anæsthetic ether	oz.	6
Carbolic acid	„	8
Chromic „	„	8
Chloroform, pure	lb.	1½
Iodoform	„	1
Plaster, adhesive, 1-in., 6 yds.	tins	6
„ „ 6-in., 6 yds.	„	1
„ isinglass, 1-in., 12 yds.	„	2
„ soap cerate, 6-in., 6 yds....	„	1

Tin B.

Aspirator	No.	1
Drainage tubing	yds.	12
Elastic coil, Esmarch's	No.	1
Eye douche, with brass stem	„	1
„ shades, assorted	„	12
Ice bags, for the head	„	2
„ for the spine	„	1
Inhalers, 1 ether, 1 chloroform	„	2
I.R. bottles, for washing wounds	„	4
„ enema...	„	1

Tin C.

Bandages, calico	No.	24
„ fast edged	„	24
Chamois skins	„	2
Hypodermic syringes, with stoppered bottles of solution	„	2
Leather case, containing needles, thread, tape, &c.	„	1
Measuring tapes	„	6
Scissors	„	6
Stethoscopes	„	2

Appendix No. 40.

Thermometers, bath	No.	2
„ clinical	„	4
Tourniquets, Esmarch's web	„	24
„ field	„	6
„ screw	„	4
„ tape	„	24

In Lower Division.

Tin case containing catheters, sounds, &c., viz. :—		
bougies, olivary, 1, 3, 4, 5, 6 and 8... ...	No.	6
catheters ditto...	„	6
„ plated, 7 and 9	„	2
„ silver, 3 and 4	„	2
sounds, Lister's	„	3
Gauze	yds.	12
Pus basins	set	1
Spongio, piline	yd.	½
Tow	lbs.	2
Urinals	No.	2
Waterproof cloth	yds.	2¾
„ dressing cloth	„	4

Contents of No. 2 Pannier.

(Weight about 84 lbs.)

All appliances are antiseptic.

Air cushions	No.	4
Calico, thin...	yds.	12
Ether spray	No.	1
Eye baths	„	3
Instruments, eye, containing—	case	1

1 straight iridectomy knife.
1 curved „ „
1 Weber's canaliculus „
1 Bowman's puncture „
1 Dixon's cataract „
2 linear „
1 Desmarre's retractor.
1 eyelid „ inside.
1 „ „ outside.
1 Saunder's „

1 curved iris forceps.
2 straight forceps.
1 cilia „
2 curved iris scissors.
1 Maunoir's iris scissors.
1 straight scissors.
1 set Bowman's probes.
1 Bowman's stop needle.
1 scarpas needle.
1 broad „
1 Beer's needle.
12 eye needles.
1 lens hook.
1 Bowman's strabismus hook.
1 double iris hook platina.
1 „ spoon.
1 pricker.
1 vulcanite curette.
1 silver spatula.
1 Taylor's vectis.
1 cystotome and curette.
Needles, silk, &c. (See Appendix 28.)

Instruments, operating, containing— ... case 1

6 amputating knives.
6 bistouries.
6 surgical needles, with metallic thread.
1 set exploring trocars (4).
1 necrosis forceps.
1 tongue forceps.
4 retractors.
6 scalpels.
1 reel plated suture wire.

Instruments, Tooth, containing— ... pouch 1

4 pairs forceps.
1 key.
1 spring gum lancet.
1 elevator.

Lint	lbs.	2
Old linen sheets	No.	2
Razor and strop	„	1
Sponges, in 4 wrappers, with straps	„	24
Stomach pump	„	1

Appendix No. 40.

Splints, viz.—	set	1
1 arm sling, leather.		
1 „ „ wire.		
1 double inclined plane, folding.		
1 pair leg splints, left.		
1 „ „ „ right.		
1 pair fore arm splints.		
1 „ upper „ „		
1 „ thigh splints.		
1 radius splint.		
Trusses, Cole's single	No.	4
Wool, boric	lb.	1

APPENDIX

SCALE OF ARMY FORMS AND BOOKS FOR ACTIVE SERVICE

Description of Form.	Army Form No.	Surgeon-General of Army Corps.	P.M.O. on Lines of Communication.	P.M.O. at Base.	P.M.O. of Division or of Cavalry Brigade.	Sanitary Officer.
CLASS A.						
Board of officers, proceedings of; or of Court of Inquiry	A 2	12	12	12	12	...
Nominal list of wounded in action	A 6	12	...	...	...	...
Wounds and injuries in action, classified return of	A 7	24	...	...	...	...
Court-Martial, extracts from	A 10	...	...	...	...	...
Sick, wounded, and deaths (Active Service); return of (daily)	A 28	300	...	...	300	...
Sick, wounded, and deaths (Active Service); return of (weekly)	A 29	30	...	...	...	...
Boards (Medical) on officers, proceedings of ...	A 45	30	30	30	30	...
CLASS B.						
All arms (abroad), return of (annual)	B 52	4	...	...	...	...
Medical Staff Corps; return of detachment (monthly)	B 62	...	...	12	...	...
,, ,, tattoo report	B 63	...	...	...	...	...
,, ,, state of detachment (monthly)	B 95	...	...	12	...	...
Court-Martial, regimental; application for ...	B 116	...	...	6	...	...
Defaulter book, regimental, sheets for	B 120	...	...	20	...	...
,, ,, troop, battery, and company, sheets for	B 121	...	...	20	...	...
Detachments, disembarkation return	B 125	...	...	4	...	...
,, embarkation return	B 126	...	...	4	...	...
Drunkenness, scale of fines for	B 138	...	...	1	...	...
Effects of deceased soldier, inventory of ...	B 140	...	...	24	...	...
Guard report...	B 160	...	...	...	...	...
Medical history sheet	B 178	...	...	100	...	...
,, ,, detailed for invaliding	B 179	...	...	...	...	...
,, records of temperature, pulse, &c. ...	B 181	...	...	...	...	...
,, sick return of troops on board ship ...	B 182	...	...	60	...	...
Will, Form No. 1	B 243	...	...	...	...	...
,, ,, 2	B 244	...	...	...	...	...
,, ,, 3	B 245	...	...	...	...	...
Crime report...	B 252	...	...	...	...	...

No. 41.

CALCULATED FOR A THREE MONTHS' SUPPLY.

Bearer Companies.			Field Hospitals.			Stationery Hospitals.					
1 Bearer Company.	2 Bearer Companies (Division).	8 Bearer Companies (Army Corps).	1 Field Hospital.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).	General Hospital at Base (500 beds).	Hospital Ship (200 beds).	Advanced Depôt of Medical Stores.	General Depôt of Medical Stores at Base.
12	24	96	12	48	168	12	96	24	12	...	...
...	...	...	48	192	672	12	96	12	12	...	...
...	...	...	24	96	336	24	192	24	24	...	...
2	4	16	2	8	28	2	16	4	2	...	...
...	...	...	200	800	2,800	100	800	100	200	...	...
...	...	...	45	180	630	45	360	45	45	...	...
6	12	48	30	120	420	40	320	100	75	...	...
...	...	...	...	...	...	...	...	...	...	...	...
8	16	64	8	32	112	8	64	8	8	8	...
100	200	800	100	400	1,400	100	800	100	...	...	...
8	16	64	8	32	112	8	64	8	8	8	...
6	12	48	6	18	60	6	41	12	6	...	...
...	...	...	...	...	...	...	...	...	...	...	...
12	24	96	12	48	168	12	96	20	12	...	...
2	4	16	2	8	28	2	16	10	2	...	...
2	4	16	2	8	28	2	16	10	2	...	...
1	2	8	1	4	14	1	8	1	1	...	...
...	...	...	12	48	168	12	48	24	12	...	...
100	200	800	100	400	1,400	100	800	100	100	...	...
...	...	...	...	...	...	...	...	200	100	...	...
...	...	...	...	...	...	...	...	500	250	...	...
...	...	...	...	...	...	200	1,600	500	200	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	13	48	168	24	112	100	50	...	...
...	...	...	6	24	84	12	96	50	25	...	...
...	...	...	6	24	84	12	96	50	25	...	...
100	200	800	100	400	1,400	100	800	200	800	...	...

Appendix No. 41.

SCALE OF ARMY FORMS AND BOOKS FOR ACTIVE SERVICE

Description of Form.	Army Form No.	Surgeon-General of Army Corps.	P.M.O. on Lines of Communication.	P.M.O. at Base.	P.M.O. of Division or of Cavalry Brigade.	Sanitary Officer.
Deaths, return of effects and credits and (m'thly)	B 273	...	...	8	...	...
Removal of prisoners for embarkation	B 277	...	...	6	...	...
Receipt of documents	B 279	...	...	12	...	...
CLASS C.						
Medical Staff report of orderly medical officer	C 343	...	...	...	...	...
CLASS F.						
Fuel and light, hospital issues (monthly) ...	F 725	...	...	...	...	...
Provision store account; hospital steward's (monthly) ...	F 735	...	...	...	...	...
,, ,, ,, field hospital steward's (monthly) ...	F 736	...	...	...	...	...
Provisions, hospitals; statement of (monthly)	F 738	...	...	...	...	...
,, ,, daily diets, abstract of (monthly)	F 739	...	...	...	...	...
Transport, requisition for	F 755	...	...	24	...	...
CLASS G.						
Furniture, &c., hospital ward, inventory of ...	G 1006	...	...	...	...	...
Hospital stores, field; requisition for	G 1015	...	...	6	...	...
Receipt and delivery vouchers	G 1033	...	...	12	...	...
CLASS H.						
All Services' necessaries; requisition for ...	H 1111	...	...	24	...	...
Transfer clothing statement	H 1157	...	...	200	...	...
CLASS I.						
Diet sheet, hospital, for diets, drinks, and extras for a patient (monthly)	I 1202	...	...	1,000	...	...
,, table, hospitals, showing scale and articles	I 1203	...	...	...	...	...
Medical comforts shipped for the use of troops on board, No. 1; list of...	I 1207	...	...	12	...	...
Medical comforts shipped for the use of troops on board, No. 2; account of expenditure of	I 1208	...	...	12	...	...
Medical stores, requisition and receipt	I 1209	...	...	...	...	...
Medicines, &c., detailed issues or receipts; return of	I 1211	...	...	...	...	...
,, and surgical instruments; proceedings of a Board of Survey on	I 1212	...	...	...	...	...
,, requisition for	I 1213	...	...	...	...	...

Appendix No. 41.

CALCULATED FOR A THREE MONTHS' SUPPLY—*continued.*

Bearer Companies.			Field Hospitals.			Stationary Hospitals.					
1 Bearer Company.	2 Bearer Companies (Division).	8 Bearer Companies (Army Corps).	1 Field Hospital.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).	General Hospital at Base (500 beds).	Hospital Ship (200 beds).	Advanced Depôt of Medical Stores.	General Depôt of Medical Stores at Base.
8	16	64	3	32	112	8	64	8	8	...	...
...	...	...	...	...	...	...	...	...	...	...	...
12	24	96	100	400	1,400	100	800	200	10	...	...
...	...	...	...	...	...	100	800	100	100	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	8	64	8	8	...	...
...	...	...	...	...	...	8	64	8	8	...	...
...	...	...	8	32	112	8	64	8	8	...	...
...	...	...	...	...	...	...	...	8	8	...	...
...	...	...	8	32	112	8	64	8	8	...	...
...	...	...	...	...	...	...	...	...	...	48	48
...	...	...	...	...	...	...	...	100	...	...	...
2	4	16	6	24	84	6	48	...	...	...	...
...	...	...	24	96	336	48	384	100	50	...	12
6	12	48	6	24	84	6	48	6	6	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	2,000	8,000	28,000	3,000	24,000	5,000	3,000	...	...
...	...	...	...	...	...	4	32	20	6	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...
12	24	96	12	48	168	12	96	24	12	24	48
...	...	...	...	...	...	...	...	6	...	...	48
...	...	...	...	...	...	6	48	12	6	12	12
6	12	48	6	24	84	6	48	6	6	48	6

Appendix No. 41.

Scale of Army Forms and Books for Active Service

Description of Form.	Army Form No.	Surgeon-General of Army Corps.	P.M.O. on Lines of Communication.	P.M.O. at Base.	P.M.O. of Division or of Cavalry Brigade.	Sanitary Officer.
Medicines, &c., and instruments; return of (station hospitals, &c., half-yearly) ...	I 1214	—	—	6	—	
" and instruments; return of in General Stores, half-yearly, home—yearly, abroad)	I 1215	—	—	6	—	
Provision ticket, hospital (daily) ...	I 1218	—	—	—	—	
Surgical materials, &c.; requisition for	I 1219	—	—	—	—	
Trusses, steel; requisition for	I 1222	—	—	—	—	
Medical certificate for use in general hospitals	I 1225	—	—	—	—	
Nominal roll of sick and wounded transferred from front to base during active service	I 1226	—	50	—	50	
Application for extra-duty pay for men of the Medical Staff Corps ...	I 1228	—	—	—	—	
Application for extra duty pay for hospital subordinates not belonging to the Medical Staff Corps ...	I 1229	—	—	—	—	
CLASS K.						
Repairs, immediate and urgent; requisition for	K 1309	—	—	—	—	
CLASS L.						
Army forms and books; supplementary requisition for ...	L 1350	[illegible]	[illegible]	[illegible]	[illegible]	
Stationery, supplementary requisition for	L 1351	[illegible]	[illegible]	[illegible]	[illegible]	
CLASS N.						
Medical Staff Corps, Detachment; pay sheet and acquittance roll of monthly ...	N 1457	—	—	—	72	
Battery, troop, or company pay list (monthly)	N 1469	—	—	—	72	
CLASS O.						
List of casualties affecting departmental pay; Medical Staff Corps (monthly) ...	O 1471	—	—	—	8	
Deferred and good conduct pay, individual statement of ...	O 1473	—	—	—	20	
Drunkenness, return of fines for ...	O 1474	—	—	—	48	
Effects of a non-effective soldier; statement of	O 1475	—	—	—	12	
Good conduct pay, forfeiture; return of	O 1476	—	—	—	12	
Guard-room; return of soldiers confined	O 1484	—	—	—	12	
Hospitals, departmental and extra-duty pay to servants employed ...	O 1485	—	—	—	1[illegible]	
Messing and rations on board ship; return of	O 1487	—	—	—	1[illegible]	
Mulct pay; return of ...	O 1475	—	—	—	1[illegible]	

Appendix No. 41.

CALCULATED FOR A THREE MONTHS' SUPPLY—*continued.*

Bearer Companies.			Field Hospitals.			Stationary Hospitals.					
1 Bearer Company.	2 Bearer Companies (Division).	8 Bearer Companies (Army Corps).	1 Field Hospital.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).	General Hospital at Base (500 beds).	Hospital Ship (200 beds).	Advanced Depôt of Medical Stores.	General Depôt of Medical Stores at Base.
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	6
...	...	...	...	...	...	200	800	200	200	...	...
4	8	32	6	24	84	6	48	6	6	48	48
4	8	32	4	16	56	4	32	6	4	24	24
...	...	...	...	...	...	...	...	500	...	...	...
...	...	...	100	400	1,400	100	800	...	...	...	...
...	...	...	10	40	140	20	160	100	10	...	...
...	...	...	10	40	140	20	160	100	10	...	...
...	...	...	...	...	...	...	...	20	...	..	...
2	4	16	2	8	28	2	16	2	2	...	2
2	4	16	2	8	28	2	16	2	2	...	2
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...
8	16	64	8	32	112	8	64	8	8	8	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	12	96	24	12	...	...
12	24	192	12	48	168	12	96	24	12	...	...
12	24	192	12	48	168	12	96	24	12	...	...
...	...	...	...	...	...	12	96	24	12	...	...
8	16	64	8	32	112	8	64	24	8	...	...
2	4	16	2	8	28	2	16	4	2	...	...
6	12	48	6	24	84	6	48	18	12	...	...

Appendix No. 41.

Scale of Army Forms and Books for Active Service

Description of Form.	Army Form No.	Surgeon-General of Army Corps.	P.M.O. on Lines of Communication.	P.M.O. at Base.	P.M.O. of Division or of Cavalry Brigade.	Sanitary Officer.
Pay and allowances, staff and departmental officers (monthly)	O 1679	4	4	12	4	4
Savings bank deposits and withdrawals (Form No. 2)	O 1743	...	...	12	...	...
" transfer statement, Form A (ordinary balance) ...	O 1754	...	...	12	...	...
Seamen, marines, and naval artificers; sick and wounded in hospital (quarterly)	O 1761	...	...	...	...	...
Servants' allowance, departmental officers (home), (monthly)	O 1763	4	4	12	4	4
Transfer (No. 1) report; original and duplicate	O 1770	...	...	72	...	...
CLASS P.						
Expense voucher; general services	P 1925	...	...	12	...	...
Rations, bread and meat; return of men drawing, who are not in pay...	P 1950	...	...	12	...	...
BOOKS.	Army Book No.					
Carbon copying books; note size with pencil...		2	2	2	2	2
Day and order book; company	137	...	...	...	...	...
Dismounted Services (except Artillery and Engineers); clothing, regimental, and sea kit necessaries account (small edition for less than 250 men)	288	...	...	4	...	...
Equipment ledger; infantry	239	...	...	4	...	...
Guard book to hold foolscap	22		1	1	1	1
Hospital; admissions and discharges	27		...	24	...	...
" check book for patients' personal equipment	42		...	...	...	...
" field; equipment ledger	248	...	...	...	...	...
" linen, &c.; check book	200	...	...	...	...	...
" pack-store check book	182	...	...	24	...	...
" pass book for friends to visit patients in	235	...	...	...	...	...
" ready reckoner; scale of diets ...	9	...	...	...	...	...
" requisition book; No. 1, for bread, meat and vegetables	188	...	...	...	...	...
" " No. 2, for groceries ...	189	...	...	...	...	...
" " No. 3, for wines, &c...	190	...	...	...	...	...
Letter book for copying press, foolscap size, 1,000 leaves, with index...	213	1	...	1	...	1
Ledger, soldiers	142	...	...	12	...	...
Medical cases (250 pages)	187	...	...	24	...	...
" certificate book	172	...	...	24	...	...

Appendix No. 41.

CALCULATED FOR A THREE MONTHS' SUPPLY—*continued.*

Bearer Companies.			Field Hospitals.			Stationary Hospitals.					
1 Bearer Company.	2 Bearer Companies (Division).	8 Bearer Companies (Army Corps).	1 Field Hospital.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).	General Hospital at Base (500 beds).	Hospital Ship (200 beds).	Advanced Depôt of Medical Stores.	General Depôt of Medical Stores at Base.
12	24	192	12	48	168	12	96	24	12	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	2	8	28	2	16	12	12	...	...
12	24	96	12	48	168	12	96	12	...	...	...
...	...	...	...	...	...	...	...	48	12	...	...
12	24	96	12	48	168	12	96	12	12	...	...
...	...	...	...	...	...	...	...	12	12	...	...
1	2	8	1	4	14	1	8	2	1	1	
2	4	16	21	8	28	2	16	2	2	...	...
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...
1	2	8	2	8	28	2	16	2	2	2	2
...	...	...	3	12	42	3	24	6	3	...	...
...	...	...	...	...	...	...	...	12	6	...	...
1	2	8	2	8	28	1	16	...	...	...	...
...	...	...	...	...	...	6	48	12	6	...	...
...	...	...	12	48	168	6	48	6	4	...	...
...	...	...	...	...	...	...	...	2	1	...	...
...	...	...	...	...	...	1	8	2	1	...	...
...	...	...	...	...	...	8	64	24	12	...	...
...	...	...	...	...	...	2	16	6	3	...	...
...	...	...	...	...	...	2	16	6	3	...	...
...	...	...	...	...	...	...	...	1	...	...	1
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	4	16	56	6	48	12	6	...	...
...	...	...	6	24	84	6	48	4	2	...	...

Appendix No. 41.

Scale of Army Forms and Books for Active Service

Description of Form.	Army Book No.	Surgeon-General of Army Corps.	P.M.O. on Lines of Communication.	P.M.O. at Base.	P.M.O. of Division or of Cavalry Brigade.	Sanitary Officer.
Medical letter book...	129	1	1	1	1	...
,, prescription book, ward book, or sanitary diary	39	...	...	12	...	...
,, requisition book (blank) for general purposes	30	...	...	12	...	...
,, requisition book No. 4 for cleaning articles	49	...	...	...	...	...
,, specification labels (in red cover, with pencil) for wounded soldiers (books of 25)	166	...	...	...	...	...
,, store ledger	167	...	...	...	...	...
,, ,, (surgical)	169	...	...	...	...	...
,, Prescription book (for medicine chests and field panniers only)	33	...	...	...	...	1
Ready reckoner, field rations	14	...	...	1	...	...
Messing book	48	...	...	...	...	2
Personal charge book; hospitals...	51	...	...	...	...	...
Plain ruled demy, 4 quires, with index ...	122	...	...	...	...	...
,, ,, foolscap, 2 quires	129	...	...	...	...	1
,, Demy 8vo, oblong, clasped, orderly, 2 quires	138	1	1	1	1	2
Savings bank ledger; battery or company ...	80	...	...	2	...	...
Stores, medical; register of	168	...	...	...	...	...

Appendix No. 41.

CALCULATED FOR A THREE MONTHS' SUPPLY—*continued.*

Bearer Companies.			Field Hospitals.			Stationary Hospitals.		General Hospital at Base (500 beds).	Hospital Ship (200 beds).	Advanced Depôt of Medical Stores.	General Depôt of Medical Stores at Base.
1 Bearer Company.	2 Bearer Companies (Division).	8 Bearer Companies (Army Corps).	1 Field Hospital.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).				
1	2	8	1	4	14	1	8	2	1	1	1
...	...	...	8	24	112	8	64	16	8	...	...
2	4	16	3	12	42	3	24	6	3	...	...
...	...	...	...	...	...	...	...	2	1	...	...
10	20	80	4	16	56	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	1
...	...	...	...	...	...	...	...	...	...	...	12
1	2	8	2	8	28	1	8	...	...	...	...
...	...	...	...	...	...	...	...	1	...	...	...
...	...	...	...	...	...	1	8	2	1	...	...
1	2	8	1	4	14	1	8	2	1	...	...
...	...	...	...	...	...	...	...	...	...	...	...
2	4	16	2	8	28	2	16	2	1	1	1
...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	1	2

APPENDIX

SCALES OF STATIONERY FOR ACTIVE SERVICE

Description of Articles.	Surgeon-General of Army Corps or of Lines of Communication.	Principal Medical officer of a Division or of Cavalry Brigade or Base.	Sanitary Officer.	Advanced Depôt of Medical Stores.
Paper, Quires: Blotting, white wove	3	1	1	1
Paper, Quires: Brown, for packing, 29 in. × 22½ in. ...	1	1	1	1
Paper, Quires: Demy or Estimate	1	...	...	...
Paper, Quires: Foolscap: plain, in sheets	3	2	2	...
Paper, Quires: Foolscap: ,, ,, ½ do.	6	2	2	1
Paper, Quires: Foolscap: ruled faint	3	1	2	1
Paper, Quires: Note octavo: thick...	...	...	...	...
Paper, Quires: Note octavo: thin	8	4	4	1
Envelopes, O. H. M. S.: No. 1, for Demy	100	50	50	25
Envelopes, O. H. M. S.: ,, 2 ,, Foolscap	200	150	150	50
Envelopes, O. H. M. S.: ,, 5 ,, Note	200	150	150	50
Brown paper cover, O.H.M.S., 22 in. × 14½ in.	12	6	6	6
Ink powders, black, papers of 1 pint...	8	4	4	4
Paper fasteners, large, in boxes of 1 gross	1	1	1	1
,, ,, small, in boxes of 1 gross	1	1	1	1
Pencils, black lead	24	12	12	12
Pencils, indelible...	2	2	2	2
Pens, quill	12	12	12	12
Pens, steel: boxes of 1 dozen with holder, barrel: fine ...	1	1	1	1
Pens, steel: boxes of 1 dozen with holder, barrel: medium	2	1	1	1
Pens, steel: boxes of 1 dozen with holder, barrel: broad ...	1	...	...	...
Pens, steel: boxes of 1 gross nibs: fine	1	...	...	...
Pens, steel: boxes of 1 gross nibs: medium	1	1	1	1
Pens, steel: boxes of 1 gross nibs: broad	...	...	...	...
Penholders for nibs	6	6	6	6
Tape, red, pieces: narrow	...	...	...	...
Tape, red, pieces: medium	6	4	4	4
Tape, red, pieces: broad	...	...	...	...
Twine, thin, balls	2	1	1	1
Wax, red, sticks	2	1	1	1
Inkstands, ebony, with glasses	...	...	...	...
,, pewter, with glass	2	1	1	1
,, square fountain	...	...	...	...
Knives, desks	1	1	1	1
Seals, plain	1	...	...	...
Rulers, round: 12 inches	1	1	1	1
Rulers, round: 24 ,, ...	1	...	...	...
Pressers, lead	2	1	1	1
Indiarubber, pieces	4	2	2	2

No. 42.

CALCULATED FOR THREE MONTHS ONLY.

Bearer Companies.			Field Hospitals.			Stationary Hospitals.				
1 Company.	2 Companies (Division).	8 Companies (Army Corps).	1 Field Hospitals.	4 Field Hospitals (Division).	14 Field Hospitals (Army Corps).	1 Stationary Hospital.	8 Stationary Hospitals (Army Corps).	General Hospital at Base 500 beds.	Hospital Ship, 200 beds.	Depôt of Medical Stores at Base.
1	2	8	2	8	28	3	24	7	3	2
...	...	...	1	4	14	1	8	20	9	3
...	...	...	...	...	...	...	...	1	...	...
2	4	16	2	8	28	3	24	12	6	2
1	2	8	2	8	28	3	24	12	6	3
1	2	8	2	8	28	2	16	6	3	3
...	...	...	...	...	...	...	...	...	...	...
1	2	8	2	8	21	2	16	12	6	3
...	...	...	10	40	140	20	160	300	160	160
100	200	800	200	800	2,800	200	1,600	300	160	200
50	100	400	50	200	700	100	800	200	100	150
...	...	...	...	...	...	...	...	12	6	25
4	8	32	4	16	56	6	48	4	2	6
1	2	8	1	4	14	1	8	1	1	2
12	24	96	24	96	336	24	192	16	8	24
4	8	32	4	16	56	6	48	6	3	6
...	...	...	12	48	168	24	192	75	50	24
1	2	8	2	8	28	2	16	6	3	2
1	2	8	2	8	28	2	16	4	2	2
...	...	...	...	...	...	1	8	3	2	1
...	...	...	1	4	14	1	8	1	1	2
1	2	8	1	4	14	2	16	1	1	2
...	...	...	...	...	...	...	...	...	...	...
6	12	48	12	48	168	24	192	4	2	24
...	...	...	...	...	...	...	...	...	...	...
4	8	64	4	16	56	6	48	6	6	12
...	...	...	...	...	...	...	...	...	...	...
1	2	8	2	8	28	2	16	1	1	4
1	2	8	1	4	14	2	16	1	1	4
...	...	...	...	...	...	...	...	...	...	...
1	2	8	2	8	28	4	32	2	2	4
...	...	...	...	...	...	...	...	...	...	...
1	2	8	1	4	14	2	16	1	1	2
...	...	...	...	...	...	...	...	...	...	1
1	2	8	1	4	14	1	8	1	...	1
...	...	...	1	4	14	1	8	1	1	1
...	...	...	2	8	28	2	16	1	1	2
2	4	16	4	16	56	4	32	4	2	6

APPENDIX No. 43.

(See paragraphs 720, 754, 791.)

SCALE OF EQUIPMENT AND STORES FOR A BEARER COMPANY, FIELD HOSPITAL, AND STATIONARY HOSPITAL ON THE LINES OF COMMUNICATION.

(*Supplied by Commissary-General of Ordnance, Royal Arsenal, Woolwich.*)

Articles. 40229/14	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Vocabulary.—Section II.				
Camp and Field Equipment.				
Axes, felling, 4½ lbs., helved ...	2	6	10	
Axes, hammer-headed, handled ...	8	10	...	With wheeled transport.
Axes, hammer-headed, handled ...	12	14	...	With pack transport.
Axes, hand, 2 lbs., handled	...	...	8	
Bags, canvas, line gear	*	*	...	* 1 per pack animal.
Bars, iron, cooking, camp kettle ...	24	24	48	
Basins, iron, enamelled, 14-inch	2	4	10	
Basins, iron, enamelled, 7½-inch	...	10	20	
Basins, iron, enamelled, 6-inch	...	80	160	
Basins, zinc, 9-inch hospital canteen	...	...	20	
Bottles, tin, oil, hospital canteen, with screw top, 2 gallons	...	...	...	See Cans.
Boxes, field hospital equipment, tin, for medals and money ..	...	2	2	
Boxes, wood, medical comforts, Nos. 1 and 2*	...	...	...	*See also Panniers; supplied to stationary hospitals when pharmacy wagons not used.
Boxes, wood, field service, for stationery, with key	2	2	2	
Buckets, water, canvas, cavalry ...	*23	*28	24	* Pack transport only, 1 to 4.
Buckets, water, leather, ,, ...	*39	*38	...	* Cart ,, ,,
Buckles, copper, for cavalry leather water buckets	10	9	...	
Canisters, tin, field hospital equipment, pepper and mustard (set of 2)	*1	*2	8	* In No. 2 medical comfort pannier.
Canisters, tin, field hospital equipment, tea	*1	*2	4	
Cans, tin, oil, with reversible screw spout, 10 lbs. paraffin	...	2	4	Oil and wicks supplied by the Commissariat Department.
Cans, tin, oil, with reversible screw spout, 6 lbs. ,,	*2	*8	8	* In C and D canteens.

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Canteens, wicker, hospital. A	1	2	...	Supplied to stationary hospitals when pharmacy wagons not used.
B	1	2	...	
C	1	2	...	
D	1	2	...	
Cases, leather, butcher's implements...	*	*	2	* Implements without case are included in these details.
Cases, tin, field hospital equipment wagon, arrowroot or rice (set of 2)...	*1	*2	8	* In No. 2 medical comfort pannier.
salt, lined with wood	*1	*2	4	
sugar	*1	*2	4	
with lids opening at top, pharmacy wagon, matches ...	*1	*2	4	* In C canteen.
Cords, forage, white, 21 feet	...	...	...	1 per pack animal and horse, with 5 per cent. spare.
Covers, waterproof, saddle, red, with eyelets	7	8	...	
Cradles, Flanders, camp kettles ...	2	2	*	* Used as required.
Cups, hospital, tin, 1 pint ...	*	*	160	* See Pannikins.
canteen, drinking, ½ " ...	...	...	...	
canteen, zinc, spitting	*6	*12	24	* In D canteen.
Filters, Maignen's, field hospital ...	2	2	4	
Flags, field hospital, white, with red cross, square, 4 feet ...	1	2	4	
Flags, field hospital, white, with red cross, triangular, directing	4	8	8	
Flannel, white, for hospital canteens ... ... yards	*6	*12	12	* In B canteen.
Frames, wicker, for close stool pans...	6	24	...	In lieu of iron frames.
Hooks, bill-handled	*5	*6	4	* 1 in Canteen D.
Hooks, reaping, handled, small ...	*5	*10	4	* 3 " "
Kettles, camp, iron, tinned, Flanders (or oval)	12	12	24	
Lamps, hand, small, field hospital	*4	*8	8	* In C canteen.
Lamps, hospital, operating	*1	*2	2	
Lanterns, coloured, marquee, hospital	*1	*2	4	
Lines, weather, tent, 40 feet	...	...	...	As required.
Mallets, wood, handled, heel peg (spare)	*2	*4	6	* Cart transport only.
Mauls, wood, helved, iron-hooped ...	*3	*4	2	
Mattresses, operating table	...	2	2	
Measures, field hospital equipment, pewter-nests of 5	*1	*2	4	* In No. 2 medical comfort pannier.
Mills, coffee, small field hospital ...	...	2	4	
Nets, forage ... ... pairs	...	...	...	1 per horse (if ordered).
Panniers, wicker, without lid	1	2	...	For intrenching tools.
Panniers, wicker, with lid	12	26	...	For equipment, and including those for canteens.
Panniers, wicker, " for medical comforts ... pairs	1	2	...	
Pannikins, iron, enamelled, pint ...	*30	*60	...	* In A canteen.
Pans, frying, small, with folding handle	2	4	8	
Pans, hospital, canteen, zinc, bed ...	*2	*8	16	* In D canteen.
Pins, iron, picketing	...	...	...	1 per animal, pack transport only.
Pins, wood, tent, small, (spare) ...	100	200	200	As required.

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Plates, tin, dinner (or iron enamelled)	...	100	200	
Poles, wood, flag, field, hospital — or lamp, 10 feet in two pieces	1	2	4	
Poles, wood, flag, field, hospital — 5 feet triangular flag...	4	8	8	
Posts, wood, picket, 2½ feet	*18	*24	6	* Cart transport only.
Pots, pewter, mustard	*1	*2	4	* In No. 2 medical comfort pannier.
Pots, tea, 2 pints, iron, enamelled	*1	*2	4	* In A canteen.
Ropes, head, with ring	8	9	...	
Ropes, heel, with 2 shackles	7	8	...	
Ropes, picketing, tarred, 25 yds., 3-in.	3	4	4	Cart transport only.
Rivets, copper, tinned, for leather water buckets	76	72	...	
Saucepans, nest or set of 8, from 1 pint to 12 quarts ...	*1	*2	...	* In A canteen.
Saucepans, nest of 4 pharmacy waggons	...	...	2	
Sheets, ground, waterproof, with eyelets (or cover's blanket)	64	200	100	
Stools, camp, folding	1	4	8	
Stools, close HP, canteen, with covers	*6	*24	12	* 6 in each D canteen.
Stretchers, field. folding, complete... ...	*8	*8	...	* Pack transport; when ambulance wagons used, each carry 6 stretchers, non-folding.
Stretchers, field. non-folding, complete ...	...	...	200	Used as bedsteads when required.
Tables, camp, folding	...	2	4	
Tables, operating, field, folding, (without legs)	..	2	...	Used on top of panniers.
Tables, operating, field, HP equipment	...	...	1	When pharmacy wagon not used.
Tents, single circular, linen outside, with bags, mallets, pins, poles, and valises	12	40	80	Including tents for sick and personnel of hospital, and in stationary hospitals for officers' hospital also.
Tents, double circular, without lining, with pole	1	2	2	Operating tents.
Tents, inside circular, with pole ...	1	2	2	Latrine tents.
Tents, marquee, hospital, large, with bags, mallets, pins, poles, valises, and vases, complete	...	...	14	Only used when bell tents not used, or buildings not available; includes hospital accommodation for officers.
Tins, granulated charcoal (32 lbs.), in wicker case	1	2	2	For Maignen's filters.
Tins, field hospital equipment — lamp cotton ...	...	...	4	
Tins, field hospital equipment — soap	*1	*2	4	* In No. 2 medical comfort pannier.

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Wagons, ambulance, complete, with 6 stretchers ...	*10	...	...	* Used with wheeled transport only, 4 in 1st line and 6 in 2nd line in action.
Wagons, general service, fitted for field hospital	...	...	...	Hospital, equipment, surgery and pharmacy wagons only used when specially ordered; used where practicable, for stationary hospitals.
Wagons, light spring, equipment ...	...	...	...	
Wagons, light spring, surgery ...	...	...	...	
Wagons, pharmacy	...	...	...	
Tools, &c., for Intrenching.				
Picks, light, helved	3	6	8	
Shovels, light, helved	6	6	8	
Harness and Saddlery.				
Harness, general service	...	...	...	As required with wheeled transports.
Saddlery, universal, sets complete, with numnahs, R.A. and transport	2	1	1	For mounted warrant and non-commissioned officers.
Miscellaneous Articles and Stable Necessaries.				
Bags, canvas, corn, 2 bushel	7	8	...	
Bags, canvas, nose...	...	...	...	1 per horse and mule.
Covers, canvas, 6 feet by 6 feet, with eyelets and lacing cords ...	8	24	...	With wheeled transport for blankets.
Covers, canvas, 6 feet by 6 feet, with eyelets and lacing cords ...	16	27	...	With pack transport for blankets and kits.
Sacks, corn, jute, 5 bushel (empty) ...	...	...	...	1 to 10 horses and mules for drawing corn.
Thread, whited brown ... ... lbs.	*1	*2	4	* In B canteen.
Pack Saddles and Appurtenances.				
Cacolets, or chairs for pack saddles pairs	*18	...	...	* With pack transport only; 8 in 1st line and 10 in 2nd line in action.
Litters for pack saddles... ... ,,	*16	...	...	* 4 in 1st line, and 6 in 2nd line in action.
Saddles, pack, complete, with covers, canvas, 6 feet by 6 feet, for cacolets or litters	28	...	...	With pack transport only.
Saddles, pack, complete, with covers, canvas, 6 feet by 6 feet, general service ...	76	93	...	
Section III.				
Tools, Artificers'.				
Blades, saw, crosscut	...	*1	4	* Wheeled transport only.
Brushes, whitewash, 6 oz.	...	4	8	

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Cases, leather, saw, crosscut	...	*1	4	* Wheeled transport only.
Chisels, ripping	*1	*2	4	* in D canteen.
Hammers, handled, claw, 20 oz. (small)	*2	*4	4	2 in ditto.
Handles, saw, crosscut	...	*2	8	* Wheeled transport only.
Needles, packing, of sizes ... pkts.	*1	*2	4	* In B canteen.
Saws, hand, 26-inch	...	...	4	
Saws, tenon, iron-backed, 14-inch ...	*1	*2	2	With butchers' implements.
Tools, sets, carpenters'	*1	*2	1	* Part of set only.
Tools, sets, shoemakers'	*1	*2	1	
Section IV.				
Miscellaneous.				
Barricoes, or breakers, with leather lip, 5 gallons ... ... pairs	3	8	...	Pack transport only.
Cans, tin, oil, feeding	...	...	4	
Cocks, bib, driving, for beer, ¾ inch ...	...	...	8	
Cotton waste, white ... ... lbs.	*6	*12	...	* In C canteen.
Funnels, tin, ½-pint or 4-inch	...	6	12	
Lanterns, bulls'-eye, police	*3	*16	...	* In C canteen.
Machines, weighing, without weights, 14 lbs., with enamelled pan	...	...	4	
Needles, darning, women's ... pkts.	*1	*2	6	* In B canteen.
Needles, sewing, assorted, women's, pkts.	*1	*2	6	
Rags, linen, old or carbolized tow lbs.	*20	*40	60	
Scissors, lamp, with guard ... pairs	*1	*2	2	* In C canteen.
Shoes, horse (or mule) with nails ...	...	...	...	1 pair fore shoes with 20 nails per mule, and 1 set per public horse.
Thread, packing, middling, 1 lb. balls	*1	*2	12	* In B canteen.
Weights, brass, flat ... ... sets	...	...	4	
Weights, iron ring ... ... ,,	...	...	4	
Section V.				
Ordnance.				
Carts, complete, supply	...	...	2	* With cart transport only.
Carts, complete, tip, general service ...	*8	*16	...	
Carts, complete, water, 108 gallons ...	*1	*2	2	
Ropes, lashing, white rope, 1 inch, 24 feet (spare)	...	...	...	1 per 5 pack animals.
Section VI.				
Barrack and Hospital Stores.				
Balances, spring, small, with canvas pan	*1	*2	...	* With butchers' implements.
Basins, zinc, 11-inch M.P.	...	10	20	
Blankets, grey, general service ...	64	200	200	

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Brushes, hand, scrubbing	*4	*8	8	* In D canteen.
Brushes, shaving, hospital... ...	*4	*8	8	* In B canteen.
Brushes, washing, laundry... ...	...	12	24	
Buckets, iron galvanized, 4 gallons ...	...	...	8	
Bellows, barrack and hospital	1	2	4	
Cans, tin, soup, or water, 3 gallons ...	...	...	8	
Cases, bolster, hair or straw, barrack	...	100	200	
Cases, palliasse, barrack	...	...	200	
Castors, pewter, pepper...	*1	*2	4	* In No. 2 medical comfort pannier.
Choppers, meat butchers', ...	*1	*2	...	With butchers' implements.
Combs, horn, hair, 8-inch	*2	*4	20	* In B canteen.
Combs, ivory, small-tooth, 3½-inch...	*2	*4	8	
Corkscrews, iron, folding, hospital ...	*1	*2	8	* In No. 1 medical comfort pannier.
Cups, egg, iron, enamelled	...	10	40	
Feeders, pewter, field hospital... ...	*4	*8	12	* In B canteen.
Forks, carving, buck-handled ...	*1	*2	4	* In No. 2 medical comfort pannier.
Forks, dinner, black-handled, large	...	100	200	
Forks, flesh, small	...	4	4	
Kettles, iron, enamelled	*1	*2	...	* In A canteen.
Kettles, tin, cooking, nests of 8 ...	...	...	2	
Knives, butchers', cutting, 10-inch	*1	*2	...	With butchers' implements.
Knives, carving, buck-handled ...	*1	*2	4	* In No. 2 medical comfort pannier.
Knives, dinner, black-handled, large	...	100	200	
Knives, opening, meat tins	*6	*12	12	* In No. 2 medical comfort pannier.
Ladles, iron, tinned, soup	*2	*4	4	* In A canteen.
Lines, clothes, hospital, 40 yards ...	...	40	80	
Machines, mincing	...	2	2	
Pots, chamber, iron enamelled ...	*4	*8	...	* In D canteen.
Pots, chamber, zinc, F.S. and M.P....	...	...	24	
Salt cellars, wood...	*1	*2	12	* In No. 2 medical comfort pannier.
Scales, weighing, without weights, pillar for groceries, 7 lbs.	...	...	4	
Scissors, hair-cutting, 7-inch ... pairs	*2	*4	8	* In B canteen.
Scoops, tin, flour and meal, ½ pint ...	...	4	8	
Shapes, or dishes, pudding, 1 pint ...	...	12	24	
Sheets, barrack, linen	...	...	480	
Skewers, with chains, 3 to a set, sets	...	4	4	
Skewers, without chains, 12 to a set ... ... sets	...	2	4	
Sponges, bath, 2 oz.	...	4	8	
Spoons, German silver, table	*50	*100	200	* In A canteen.
Steels, butchers'	*1	*2	...	* With butchers' implements.
Steelyards, 56 lbs.	*1	*2	...	
Straps, leather, brown, 84 inches by 1½ inches	8	24	...	For blankets with wheeled transport.
Straps, leather, brown, 84 inches by 1½ inches	*16	*27	50	* For blankets and kits with pack transport.

Appendix No. 43.

Articles.	One Bearer Company with Pack or Cart Transport.	One Field Hospital with Pack or Cart Transport.	One Stationary Hospital on the Lines of Communication.	Remarks.
Towels, hand, hospital	*24	*48	220	* In B canteen.
Urinals, pewter	*2	*4	16	* In D canteen.
Warmers, pewter, stomach	...	4	8	
MEDICAL EQUIPMENT. *(Supplied from Medical Stores at the Herbert Hospital, Woolwich.)*				
Panniers, medical and surgical equipped ... ... pairs	1	2	...	
Ditto, ditto (reserve) ... ... "	...	2	...	
Ditto, surgical (special) ... "	...	1	...	
Field medical companions	1	2	...	Strapped on No. 2 pannier.
Haversacks, surgical	8	12	...	Carried by men.
Boxes, field fracture	2	2	...	

N.B.—For stationary hospitals, store and pharmacy wagons may be used according to circumstances.

When hospital store wagons are not used, the equipment will be packed in hampers and boxes or panniers.

When pharmacy wagons are not used, medicine chests, boxes of surgical equipment, canteens, and medical comfort boxes will be supplied instead.

The following articles may also be specially supplied to stationary hospitals when considered necessary :—

Ice machines.
Ice boxes (refrigerators).
Wire gauze dish covers.
Meat safes.
Cooking stoves.
Bedsteads.
Feather pillows.
Mosquito and fly curtains.
Bamboo door and window chicks.
Earth closets.
Bath tubs.

APPENDIX No. 44.

(See paragraph 791.)

SCALE OF HOSPITAL CLOTHING FOR A STATIONARY HOSPITAL OF 200 BEDS, ON THE LINES OF COMMUNICATION IN THE FIELD.

(*Vide Clothing Regulations, Revised Army Regulations, Vol. XI.*)

Articles.		One hospital.	Eight hospitals (Army Corps).
Caps, day		200	1,600
Drawers, cotton ..	pairs of	200	1,600
Gowns, blue serge		200	1,600
Handkerchiefs		300	2,400
Neckerchiefs		200	1,600
Shirts, cotton, white		400	3,200
Shirts, flannel		200	1,600
Socks, grey union ..	pairs of	400	3,200
Slippers, brown leather	"	60	480
Trousers, blue serge..		200	1,600
Waistcoats, " "		200	1,600
Razors..		8	64
Razor strops		4	32
Worsted, blue grey	lbs.	4	32
Needles, sewing, assorted		192	1,536

APPENDIX No. 45.

(See paragraph 827.)

SCALE OF HOSPITAL EQUIPMENT FOR A HOSPITAL SHIP MAKING UP 200 BEDS.

Articles.	No.	Articles.	No.
Baths, slipper	5	Pails, wood, water, for fomentation	20
,, hip	5	Porringers, small, blood ...	10
,, foot	10	Razors	5
Boards, bed-head ticket ...	220	Spoons, medicine, pewter ...	200
,, inventory	50	Scissors, haircutting	20
Basins, wash-hand, zinc ...	10	Sponges, bath	10
,, enamelled	220	Squeezers, lemon	5
Brushes, shoe, polishing ...	20	Stools, close, with Fyfe's pail and pan complete ...	20
,, ,, blacking ...	20	Strops, razor	2
Chairs, easy, padded	20	Towels, hand	1,000
,, close stool, night (Fyfe's)	5	,, round	500
Combs, hair, horn	220	Trays, bed, wooden, bedridden patients	50
,, small toothed	50	,, dressing, surgical, tin	10
Corkscrews	10	Tumblers, glass, ½-pint ...	100
Covers, easy chair	40	Urinals, pewter...	50
Cups, spitting, earthenware ...	220	Machines, weighing ¼ oz. to 14 lb. .. ,, meat, with slab or pan	
,, egg, pewter	50	Waistcoats, straight	5
Dishes, soap, round	20	Warmers, foot, pewter ...	10
Filters, water, stoneware ...	4	,, stomach pewter ...	10
Funnels	2	Brushes, shaving	20
Feeders, earthenware	50	Bowls, wood ,, ...	20
Glasses, looking...	20	Washing machine	1
Inhalers, pewter	20		
Measures, glass, graduated ...	20		
Napkins, ophthalmic	200		
Pans, bed, earthenware ...	50		
Pans, close stool (Fyfe's) ...	50		
Pots, chamber, without cover	220		

* If not supplied by Admiralty.

In addition to the above, there will be issued according to circumstances special articles, such as: ice refrigerators, materials for games, library books, musquito and fly netting, twine hammocks, &c.

Appendix No. 46.

DETAILS OF MEDICAL STAFF AT HEADQUARTERS OF AN ARMY CORPS.

Appointment and Duties.	Rank.	Medical Staff.	Medical Staff Corps.			Horses, Riding (Private).	
			Non-commissioned officers.	Privates.	Privates as Batmen.		
Surgeon-General (Army Corps) ...	Surgeon-General... ...	1	...	...	3	4	
Sanitary Officer	Deputy Surgeon-General	1	...	...	2	3	
Secretary to Surgeon-General	Surgeon-Major	1	...	...	1	2	
Charge of Headquarter Staff	" "	1	...	...	1	2	
Orderly Medical Officers...	Surgeon	2	...	...	2	2	
Clerks to Surgeon-General	... ...	...	1	2	...	...	
" to Sanitary Officer	... ...	...	1	...	...	...	
Orderly to Surgeon-General	... ...	...	...	1	...	...	
Compounder and Orderly to Surgeon-Major in charge of Staff	... ...	...	1	...	...	...	
	... ...	...	...	1	...	...	
Total	... ...	6	3	4*	9*	13	* From Reserves.

APPENDIX No. 47.

(See paragraphs 656 to 669.)

DETAIL OF MEDICAL STAFF AT HEADQUARTERS OF A DIVISION.

Appointment and Duties.	Rank.	Medical Staff.	Medical Staff Corps.			Horses Riding (Private).	
			Non-commissioned officers.	Privates.	Privates as Batmen.		
Principal Medical Officer	Deputy Surgeon-General	1	...	...	2	3	
Charge of Divisional Staff and Sanitary Officer	Surgeon-Major	1	...	...	1	2	
Clerks to P.M.O....	... ...	...	1	1	...	...	
Orderly to „	... ...	...	...	1	...	...	
Compounder to Surgeon-Major ...	... ...	...	1	...	...	...	
Orderly to Sanitary Officer	... ...	...	...	1	...	...	
Total	... ...	2	2	3*	3*	5	* From Reserves.

APPENDIX No. 48.

(See paragraphs 670 to 674.)

DETAIL OF MEDICAL STAFF AT HEADQUARTERS OF CAVALRY BRIGADE.

Appointment and Duties.	Rank.	Medical Staff.	Medical Staff Corps.			Horses, Riding (Private.)	
			Non-commissioned officers.	Privates.	Privates as Batmen.		
Principal Medical Officer	Brigade Surgeon ...	1	...	...	1	2	
Clerks to ditto	... ...	...	1	1	...	...	
Orderly to ditto	Private	...	...	1	...	...	
Total	... ...	1	1	2*	1*	2	* From Reserves.

APPENDIX No. 49.

(See paragraphs 675 to 690.)

DETAILS OF ADMINISTRATIVE MEDICAL STAFF ON LINES OF COMMUNICATION.

Appointment and Duties.	Rank.	Medical Staff.	Medical Staff Corps.				Horses, Riding (Private).
			Staff-Sergeants.	Corporals.	Privates.	Privates as Batmen.	
Principal Medical Officer	Surgeon-General	1	...	...	...	3	4
Deputy ditto	Deputy-Surgeon-General ...	1*	...	...	...	2	3
Secretary to P.M.O.	Surgeon-Major	1	...	...	...	1	2
Orderly Medical Officer to ditto ...	Surgeon	1	...	...	...	1	1
Clerks ditto	... ...	...	1	1	2	...	...
Orderlies ditto	... ...	...	...	...	2†	...	...
Total	... ...	4	1	1	4	7†	10

APPENDIX No. 50.

(See paragraphs 691 to 702.)

DETAILS OF ADMINISTRATIVE MEDICAL STAFF AT BASE.

Appointment and Duties.	Rank.	Medical Staff.	Medical Staff Corps.				Horses, Riding (Private).
			Staff-Sergeants or Sergeants.	Corporals.	Privates.	Privates as Batmen.	
Principal Medical officer	Deputy Surgeon-General ...	1	...	...	...	2	2
Sanitary and Embarkation Officer ...	Brigade Surgeon	1	..	...	...	1	1
Clerks to Principal Medical Officer ...	... ...	...	1	1	1	..	...
Charge of Depôt of Medical Stores ...	Surgeon-Major	1	..	...	...	1	1
Medical Storekeeper ditto	Quartermaster	1	...	...	...	1	...
Clerks ditto	... ...	...	1	...	1	...	...
Compounder ditto	... ...	...	2	...	...	...	...
Packers ditto	... ...	...	...	...	4	...	...
Pay duties, clothing and equipment...	Quartermaster	1	...	...	...	1	...
Clerk ditto	... ...	...	...	1	...	...	...
Total	... ...	5	4	2	6	6*	4

* From Reserves.

APPENDIX No. 51.

(See paragraphs 703 to 718.)

THE FOLLOWING TABLE SHOWS THE CADRE OF MEDICAL OFFICERS DISTRIBUTED TO EACH ARM OF AN ARMY CORPS IN THE FIELD.

Arm.	Medical officers. Number.	Horses.	Batmen.
Infantry Battalion	1	1	1
Cavalry Regiment	1	1	1
Artillery, Horse	1	1	1
Field Battery	1	1	1
Engineer Company	1	1	1
Pontoon Train Troop	1	1	1
Telegraph Troop	1	1	1
Total for Army Corps.			
21 Infantry Battalion...	21	21	21
6 Regiments, Cavalry	6	6	6
4 Batteries, Royal Horse Artillery	4	4	4
11 Field Batteries, R.A.	11	11	11
Royal Engineers.			
3 Divisional and Reserve	3	3	3
2 Half Companies Reserve	2	2	2
Pontoon Train, 1 Troop	1	1	1
½ Telegraph Troop	1	1	1
Total	49	49	49

Appendix No. 52.

DETAIL OF MEDICAL PERSONNEL OF A BEARER COMPANY.

	Establishment.	Disposition in Action.					Horses, Riding.	
		Stretcher Sections (2).	Collecting Station.	Ambulances or Sick Transport.	Dressing Station.	In rear of Dressing Station.	Private, Cl. 160, A.C., 1882.	Public.
MEDICAL STAFF.								
Surgeon-Major in Command ...	1	...	...	...	1	...	2	...
Surgeons	2	1	...	...	1	...	2	...
Quartermasters	1	...	...	...	1	...	1	...
MEDICAL STAFF CORPS.								
Sergeants-Major (Warrant) ...	1	...	1	...	...	...	...	1
Staff-Sergeants and Sergeants ...								
" " (Compounder) ...	1	...	...	...	1	...	...	...
" " (Quartermaster-Sergeant) ...	1	...	...	...	...	*1	...	1
" "	4	2	1	...	1	...	...	...
Buglers	1	...	...	...	1	...	...	...
Rank and File.								
Corporals	6	...	...	5	1	...	...	...
Privates	11	...	...	5	†4	‡2	...	...
" as Bearers...	§32	32	...	...	...	...	...	...
" " Batmen	§5	...	...	...	...	5	...	...
	66	35	2	10	11	8	5	2

REMARKS.

Warrant Officers may be substituted for Quartermasters.

* In charge of Baggage and Supplies.
† One to act as Cook in preparing beef-tea, &c.
‡ Cooks for Company under Quartermaster-Sergeant.
§ From Reserve of Medical Staff Corps or Militia Reserve, one Batman for Sergeant Major.

SADDLERY.

Officers, Private 5
Universal 2

APPENDIX No. 53.

(See paragraphs 753 to 783.)

DETAIL OF MEDICAL PERSONNEL OF A FIELD HOSPITAL.

Unit—100 Patients.	Establishment.	Duties.											Horses, Riding.		REMARKS.
		Ward-masters.	Stewards.	Com-pounders.	Ward Orderlies.	Cooks.	Pack Store-keepers.	Clerks.	Messengers.	Washermen.	Batmen.	Supernu-meraries.	Private, Cl. 160, A.C., 1882.	Public.	
MEDICAL STAFF.															
Surgeons-Major	2	...	...	...	...	...	...	...	...	...	2	...	4	...	Warrant Officers may be substituted for Quartermasters.
Surgeons	2	...	...	...	...	...	...	...	...	...	2	...	2	...	
Quartermasters	1	...	...	...	...	...	...	...	...	...	1	...	1	...	
MEDICAL STAFF CORPS.															
Sergeants-Major (Warrant) ...	1	1	...	...	...	...	...	...	...	...	1	...	...	1	
Staff-Sergeants and Sergeants ...	7	1	1	2	...	1	1	...	...	...	...	1	...	...	
Rank and File.															
Corporals	4	...	1	...	...	1	...	1	...	...	...	1	...	...	
Privates	22	...	...	...	14	1	1	...	*1	*2	...	3	...	...	* From Reserve of Medical Staff Corps or Militia Reserve.
,, as Batmen...	*6	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total	45	2	2	2	14	3	2	1	1	2	6	5	7	1	

Half—50 Patients.															
Surgeon-Major	1	...	...	...	...	...	...	...	...	...	1	...	2	...	
Surgeon	1	...	...	...	...	...	...	...	...	...	1	...	1	...	
Quartermaster															
Sergeant-Major	†1	...	...	...	...	...	...	...	...	...	1	...	...	1	† Acting Quartermaster.
Staff-Sergeants and Sergeants ...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	
Corporals	3	...	1	...	...	1	1	...	...	...	...	...	...	...	
Privates	11	...	...	...	7	1	...	1	1	1	...	...	...	...	
" as Batmen...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total	22	1	1	1	7	2	1	1	1	1	3	...	3	1	

SADDLERY.

Officers, Private											6	...	1	...	
Universal											1	...	1	...	

APPENDIX No. 54.

(See paragraphs 791 to 811.)

DETAIL OF PERSONNEL OF A STATIONARY HOSPITAL.

Unit—200 Beds.	Establishment.	Duties.											Horses, Riding.		REMARKS.
		Ward-masters.	Stewards.	Com-pounders.	Ward Orderlies.	Cooks.	Pack Store-keepers.	Clerks.	Messengers.	Washermen.	Batmen.	Super-numeraries.	Private, Cl. 160, A.C., 1882.	Public.	
MEDICAL STAFF.															
Brigade Surgeons	1	...	...	...	...	...	...	...	...	...	1	...	2	...	Warrant Officers may be substituted for Quartermasters.
Surgeons-Major	4	...	...	...	...	...	...	...	...	...	4	...	8	...	
Surgeons	4	...	...	...	...	...	...	...	...	...	4	...	4	...	
Quartermasters	1	...	...	...	...	...	...	...	...	...	1	...	1	...	
MEDICAL STAFF CORPS.															
Sergeants-Major (Warrant) ...	1	1	...	...	...	...	...	...	...	...	1	...	...	1	
Staff-Sergeants and Sergeants	8	1	1	2	...	1	1	1	...	...	...	1	...	...	
Rank and File.															
Corporals	8	...	1	...	...	1	1	...	...	...	...	5	...	...	
Privates	48	...	...	...	30	2	1	1	*1	*4	...	9	...	...	* From Reserve of Medical Staff Corps or Militia Reserve.
" as Batmen	*11	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total	86	2	2	2	30	4	3	2	1	4	*11	15	15	1	

SADDLERY.

Officers, Private	10
Universal	3

DETAIL OF PERSONNEL OF A GENERAL HOSPITAL AT BASE FOR 500 BEDS.

(See paragraphs 812 to 817.)

Unit—500 Beds.	Establishment	Duties.											Horses, Riding.	
		Chief Ward-masters.	Ward-masters.	Stewards.	Com-pounders.	Ward-Orderlies.	Cooks.	Pack Store-keepers.	Clerks.	Messengers.	Batmen.	Super-numeraries.	Private Cl. 160, A.C. 1882.	Public.
MEDICAL STAFF.														
Deputy Surgeon-General (P. M.O. and Sanitary Officer)...	1	...	...	...	...	...	...	...	...	...	2	...	2	...
Surgeon-Major (Secretary and Registrar)	1	...	...	...	...	...	...	...	...	...	1	...	1	...
Brigade Surgeons (Medical and Surgical Divisions)	2	...	...	...	...	...	...	...	...	...	2	...	2	...
Surgeons-Major	6	...	...	...	...	...	...	...	...	...	6	...	6	...
Surgeons	10	...	...	...	...	...	...	...	...	...	10	...	...	...
Quartermasters	1	...	...	...	...	...	...	...	...	...	1	...	...	...
NURSING SISTERS.														
Lady Superintendent	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nurses	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Female Servants	2	...	...	...	...	...	...	...	...	...	...	...	...	...
MEDICAL STAFF CORPS.														
Sergeants-Major (Warrant) ...	3	2	...	1	...	...	...	...	...	...	3	...	...	...
Staff-Sergeants and Sergeants	13	...	5	1	2	...	1	1	*1	...	...	2	...	...
Buglers	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Rank and File.														
Corporals	12	...	5	1	...	...	2	1	†1	...	...	2	...	...
Privates...	94	...	...	3	...	70	7	2	*2‡	2	...	8	...	...
" as Batmen	§25	...	...	...	...	...	...	...	..	...	...	...	...	...
Total	180	2	10	6	2	70	10	4	4	2	§25	12	11	...

* Clerks to Registrar.
† Clerk to Officer Commanding Detachment M. S. C.
‡ Clerk to Quarmaster.
§ From Reserve of Medical Staff Corps or Militia Reserve.

SADDLERY.

Officers Private 11

APPENDIX No. 56.

(See paragraph 831.)

DETAIL OF MEDICAL PERSONNEL OF A HOSPITAL SHIP OF 200 BEDS.

	Establishment.	Duties.								
		Wardmasters.	Stewards.	Compounders of Medicines.	Pack Storekeepers	Clerks.	Ward Orderlies.	Supernumeraries.	Batmen.	
Medical Staff.										
Brigade Surgeon (in charge)	1	...	...	...	...	...	...	...	1	
Surgeons-Major	3	...	...	...	...	...	...	...	3	
Surgeons	3	...	...	...	...	...	...	...	3	
Quartermaster	1	...	...	...	...	...	...	...	1	
Medical Staff Corps.										
Sergeant-Major (Warrant)	1	1	...	...	...	...	...	...	...	
Staff-Sergeants and Sergeants ...	5	1	1	2	...	1	...	...	...	
(Rank and File.)										
Corporals	3	...	1	...	1	...	...	1	...	
Privates	33	...	...	...	1	...	28	4	...	
" as Batmen*	8	...	...	...	...	...	...	...	...	
Total ...	58	2	2	2	2	1	28	5	8*	

* From Reserve, Medical Staff Corps.

APPENDIX No. 57.

DETAIL OF MEDICAL DEPARTMENT WITH AN ARMY CORPS.

Detail.	Medical Staff.		Medical Staff Corps.		
	Medical Officers.	Quartermasters.	Warrant, N.C. Officers and men.	From Reserves.	
				Bakmen.	Bearers.
With Headquarters of an Army Corps.					
Staff, Administrative...	2	...	...	5	...
Staff, Executive	4	...	7	4	...
With a Division.					
Staff, Administrative...	1	...	...	2	...
Staff, Executive	1	...	5	1	...
1st Line, 2 Bearer Companies ... Transport attached	6	2	50	10	64
2nd Line, 4 Field Hospitals ... ... Transport attached ...	16	4	136	24	...
Total one Division of two Brigades, Administrative ...	1	...	...	2	...
Total one Division of two Brigades, Executive	23	6	191	35	64
Total three divisions, Administrative ...	3	...	...	6	...
Total three divisions, Executive	69	18	573	105	192
With a Cavalry Brigade and Corps Details.					
Staff, Administrative...	1	...	...	1	...
Staff, Executive	...	...	3	...	...
1st Line, 2 Bearer Companies ... Transport attached	6	2	50	10	64
2nd Line, 2 Field Hospitals ... ... Transport attached ...	8	2	68	12	...
Total, Administrative...	1	...	...	1	...
Total, Executive	14	4	121	22	64

Appendix No. 57.

Appendix No. 57—*continued.*

Detail.	Medical Staff.		Medical Staff Corps.		
				From Reserves.	
	Medical Officers.	Quartermasters.	Warrant, N.C. Officers and Men.	Bâtmen.	Bearers.
On Lines of Communication.					
Staff, Administrative...	2	...	...	5	...
Staff, Executive	2	...	6	2	...
Eight Stationary Hospitals	72	8	520	88	...
Advanced Depôt of Medical Stores	1	...	4	1	...
Total, Administrative...	2	...	...	5	...
Total, Executive	75	8	530	91	...
At Base of Operations.					
Staff, Administrative...	2	...	...	3	...
Staff, Executive	1	2	12	3	...
Two General Hospitals, 500 beds each, Administrative ...	2	...	...	4	...
Two General Hospitals, 500 beds each, Executive	38	2	246	46	...
Total, Administrative...	4	...	...	7	...
Total, Executive	39	4	258	49	...
Attached to Corps in the Field.					
Executive	49	...	...	...	...
Recapitulation.					
Total with an Army Corps in the field, Administrative ..	6	...	...	...	...
Total with an Army Corps in the field, Executive ...	136	22	701	143	256
Total on lines and at base, Administrative	6	...	...	...	...
Total on lines and at base, Executive	114	12	788	152	...
Grand total, all ranks	262	34	1489	295	256

N.B.—This table will be completed on the issue of Army Corps Tables, and will show alternative schemes of Pack and Wheeled Transport for the Bearer Companies and Field Hospitals.

In certain cases Warrant Officers may be substituted for Quartermasters.

APPENDIX No. 58.

DETAILS OF TRANSPORT FOR ONE BEARER COMPANY, INCLUDING SICK CARRIAGE OF FIRST AND SECOND LINE.

N.B.—This will be issued with Army Corps tables, and will show alternative schemes of wheeled and pack transport.

APPENDIX No. 59.

DETAIL OF TRANSPORT FOR ONE FIELD HOSPITAL.

N.B.—This will be issued with Army Corps tables, and will show alternative schemes of wheeled and pack transport.

APPENDIX No. 60.

DETAILS OF PACKING EQUIPMENT AND STORES, IN PACK LOADS, FOR A BEARER COMPANY.

N.B.—This table will be issued with Army Corps tables showing the number and description of side loads into which the equipment and stores laid down in Appendix No. 43 are packed, and the transport, both wheeled and pack, required for the same.

APPENDIX No. 61.

DETAILS OF PACKING EQUIPMENT AND STORES IN PACK LOADS, FOR A FIELD HOSPITAL.

N.B.—This table will be issued with Army Corps tables showing the number and description of side loads into which the equipment and stores laid down in Appendix No. 43 are packed, and the transport, both wheeled and pack, required for their carriage.

APPENDIX No. 62.

E OF PACKING AND CONTENTS OF A FIELD PITAL STORE WAGON FOR FIELD PURPOSES.

(General Service Wagon with Fittings.)

Articles.	No., &c.	Where placed.
ıg, 4½ lbs., straight handles,	2	Outside wagon
. ...		
helved, 6½ lbs.	2	,, ,,
, for flags	1	Compartment B
, enamelled, F.S., 7½-inch ...	5	,, D, 1, No. 6
,, ,, 6-inch... ...	40	,, C, Box 2, Nos. 7 & 8
, 11-inch, MP	5	,, D 1, No. 6
rey, G.S.	50	,, A
, for money, medals, &c., field,	1*	,, C, Box 3, No. 1
ıment		
ınd, scrubbing	2	,, D ,, 1 ,, 6
aving, HP	2	,, C 1 ,, 3
ıshing, laundry	6	,, D 1 ,, 8
ıitewash, 6 oz.	2	,, D 1 ,, 7
n, galvanized, 4 galls.	2	,, D 1 ,, 6
il, feeding, 1 pint	1	,, D 2
›up or water, 3 galls.	2	,, C, Box 2, No. 6
il, with screw top	1	,, D
er, barrack	50	,, B
ıse, ditto	50	,, B
›er, pewter	1	,, C 2, Tray 4
›ing	1	,, D ,, 4
ıeat, butchers'	1	,, D 4
driving, for beer, ½-inch	2	,, C, Box 2, Tray 4
ı, hair, 8-inch	5	,, B ,, 1 ,, 3
y, small tooth, 3½-inch	2	,, B ,, 1 3
iron, folding, HP...	2	,, C ,, 4, No. 3
›ewter, HP	10	,, C ,, 2, Tray 4
rinking, 1 pint, HP, canteen ...	34	,, C ,, 2 ,, 2 & 3
spitting, HP, F.S....	6	,, D ,, 1, No. 2
then, HP	3	,, C ,, 2, ,, 6
gnen's, wicker covered	1	Strapped on top of box 1
HP, white, with red cross, 4	1	Compartment B } In bag
e		
gular, directing	2	,, B }
ng, buck handles	1	,, C, Box 2, Tray 3
er, black handled, large	50	,, C ,, 2 ,, 2
, small	1	,, D ,, 4
, ½-pint	3	2-in. ,, C ,, 4 ,, 3 1-in. ,, D ,, 2
› serge	5	,, B ,, 1 ,, 1
ıandled, claw, 20-oz., small ...	1	,, D ,, 4
handled	1	Outside wagon
cooking, nests of 8	2	Compartment C, Box 2, Nos. 4 & 5
chers', cutting, 10-inch	3	,, D ,, 4
ring, buck handled	1	,, C ,, 2, Tray 3
ıer, black handled, large... ...	50	,, C ,, 2 ,, 1
ıing meat tins	2	,, C ,, 2 ,, 3

* Two only for each hospitaly

Appendix No. 62.

Mode of Packing, &c.—*continued.*

Articles.	No., &c.	Where placed.
Ladles, iron, tinned, soup	1	Compartment D, Box 4
Lamps, hand, small, F.H.	2	,, D ,, 3
Lanterns, coloured, red, marquee, HP ...	1	,, D ,, 3
Lines, clothes, HP, 80 yards	2	,, B ,, 1, No. 3
Machine, weighing, 14 lbs., with enamelled pan* and weights, field, HP, equipment ...	1	,, D 5 ,, 1
Measures, pewter, wine and spirit, nested, ½ gill to 1 quart	1	,, C ,, 4 ,, 3
Mill, coffee, small, FH	1	,, D ,, 5
Needles, collar or packing, sizes (1 to 6) ...	6	,, B ,, 1 ,, 3
,, sewing, assorted, women's	50	,, B ,, 1 ,, 3
Pans, iron, frying, round, 12-inch, with shifting handles	2	,, C ,, 2, Nos. 4 & 6
Pans, bed, zinc, HP	4	,, D 1, No. 1
Plates, tin, dinner	50	,, C, Box 2 ,, 8
Poles, wood, for { lanterns and square flags, 16 feet	1	Outside wagon.
Poles, wood, for { triangular flags, 7 feet	2	,, ,,
Pots, zinc, chamber, HP and MP	6	Compartment D, 2, ,, 1
Rags, linen ... ... lbs.	15	,, B,
Razors	2	,, B, Box 1, ,, 3
Razor strop	1	,, B, ,, 1, ,, 3
Salt cellars, wooden	3	,, C, ,, 2, Tray 4
Saw, cross-cut, 5 feet, complete, with case ...	1	Outside wagon.
,, hand, 26-inch, with case	1	,, ,,
,, tenon, iron backed, 14-inch	1	Compartment D, 4
Scales, weighing, with weights, pillar, for groceries, 7 lbs.	1	,, D 5 ,, 1
Scissors, hair-cutting, 7-inch	2	,, B ,, 1, No. 3
Scoops, half-pint	2	,, C ,, 4, Nos. 2 & 3
Shapes, or dishes, pudding, 1 pint	6	,, C ,, 2, No. 6
Sheets, barrack, linen	120	60-in., Compartment A ,, ,, B
,, ground, waterproof	25	12-in. ,, A 13 ,, ,, B
Shirts { cotton	12	Compartment B, Box 1, No. 2
Shirts { flannel	12	,, B ,, 1, ,, 4
Skewers, with chains, sets of 3...	3	,, D 4
Slippers, brown leather ... ... pairs	12	,, B ,, 1, No. 2
Socks, woollen	25	,, B ,, 1 ,, 3
Spades, helved, common	2	Outside wagon.
Sponges, bath, 2-oz.	2	Compartment D, 1, No. 6
Spoons, German silver, table	50	,, C, Box 2, Tray 5
Steels, butchers'	1	,, D 4
Stools, camp, folding	2	,, A
,, close, iron, HP canteen, complete ...	3	,, D, 1, Nos. 1,
Stretchers, ambulance waggon, new pattern with slings, complete	2	,, A, B, C over all
Tables, camp, folding	1	,, A
Thread, packing, middling, 1 lb. balls ...	6	Compartment B, Box 1, Nos. 2
,, whited brown ... ... lb.	1	,, B ,, 1, No. 3
,, worsted, grey	1	,, B ,, 1 ,, 3
Towels, hand, HP	55	,, B ,, 1 ,, 2
Trousers, serge, blue lined ... ... pairs	10	,, B ,, 1 ,, 1
Urinals, pewter	4	,, D 1 ,, 5
Waistcoats, blue serge	10	,, B ,, 1 ,, 4
Warmers, pewter, stomach	2	,, D ,, 1 ,, 6

* The pan packs in box 2—6.

Appendix No. 62.

Mode of Packing, &c.—*continued.*

Medical Comforts and Supplies.

Articles.	No., &c.	Where placed.
... ... lbs.	50	Compartment C, Box 5, No. 1
... ... bottles	30	,, C ,, 4 ,, 1
ef, Liebig's ... ... lbs.	72	,, C ,, 5 ,, 3
-oz. jars ... ... ,,	5	,, C ,, 5 ,, 4
... ... galls.	3	,, D ,, 3
... ... lbs.	5	,, C ,, 5 ,, 5
... ... ,,	50	,, C ,, 5 ,, 2
... ... ,,	16	,, C ,, 5 ,, 6
... ... ,,	30	,, D ,, 2
... ... ,,	56	,, C ,, 4 ,, 2
sed ... ... ,,	20	,, C ,, 4 ,, 4
s ... ... No.	1,000	,, D ,, 2
ps, ½-inch flat* ... ... yds.	2	,, D ,, 2
,, round* ... ... ,,	2	,, D ,, 2

List of Tins in Hospital Store Wagon.

Can, tin, oil, with screw top		1
Canisters, tin	Pepper or Mustard ...	2
	Tea...	1
Cases, tin ...	Arrowroot or rice ...	2
	Sugar	1
	Lined with wood, for salt	1
Tins... ...	Lamp, cotton	1
	Soap	1

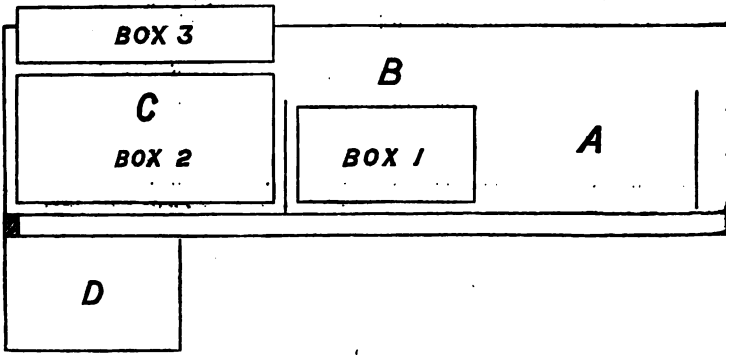
* Oil and wick are drawn from the Commissariat.
The requirements for 8 hospitals are—

Oil, colza	galls.	96
Wick, flat, ½-inch ...	yards	64
,, round... ...	oz.	64

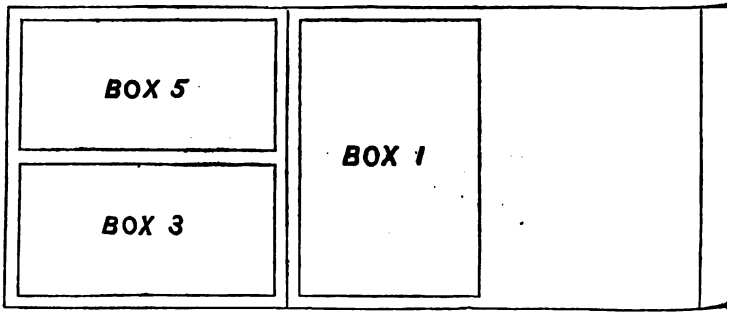
Appendix No. 62.

FIELD HOSPITAL STORE WAGON.

SIDE ELEVATION.



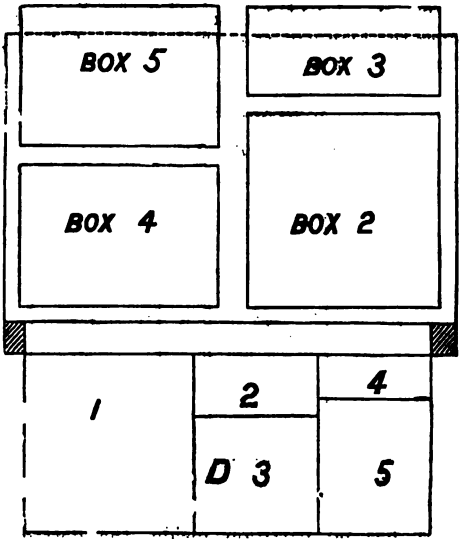
PLAN.



Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

END ELEVATION.



The general plan of, and arrangement of the boxes in the wagon are shown in the accompanying plans, and side and end elevations. The body of the wagon is subdivided into three compartments, A, B, and C, and another is fixed below the tail, marked D. Compartment B is partly occupied by Box No. 3, Compartment C by boxes 2 to 5, and Compartment D is subdivided into five parts, which are numbered 1 to 5, as in the "end elevation." The subdivisions of boxes and the distribution of stores in them, as well as in the other compartments, are given below.

COMPARTMENT A.

	No.
Blankets, grey, G.S.	50
Sheets, barrack, linen	60
„ ground, waterproof	12
Stools, camp, folding	2
Table, „ „	1

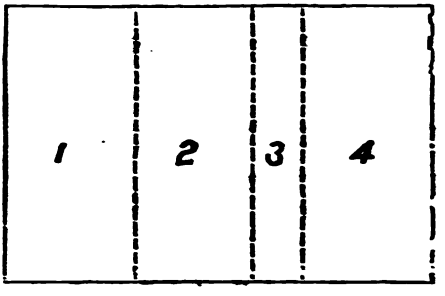
Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

The blankets are to be folded first lengthwise, then crosswise, and placed in the compartment evenly, one over the other, their greater length being across the wagon. The sheets folded in the same manner are to be placed over the blankets, then the waterproof sheets, and lastly the table and stools.

COMPARTMENT B.

Box No. 1.



FRONT.

This box has no partition inside, the dotted lines merely define the spaces occupied by the different articles, and have been introduced to facilitate packing. These are to be placed as follows :—

Gowns, blue serge		5	in No. 1
Trousers, blue serge, lined...	pairs	10	"
Shirts, cotton		12	in No. 2
Towels, hand, HP		55	"
Slippers, brown leather ...	pairs	12	"
Thread, packing, pound balls ...		6	"
Socks, woollen	pairs	25	in No. 3
Clothes line, 80 yards ...	pieces	2	"
Razors		2	"
Razor strop		1	"
Combs, hair, 8-inch...		5	"
" ivory, small tooth, 3½-inch		2	"
Scissors, hair-cutting, 7-inch	pairs	2	"
Thread, sewing, whited brown	lb.	1	"
" worsted	lb.	1	"

Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

Needles, collar or packing... ...	6	in No. 3
„ sewing, assorted, women's	48	„
Waistcoats, blue serge	10	in No. 4
Shirts, flannel	12	„

Above Box.

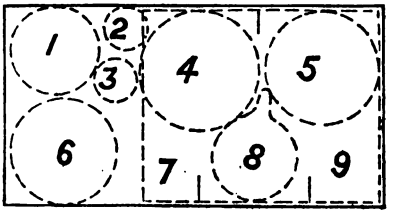
Sheets, barrack, linen	60	
Cases, bolster, barrack	50	
„ paillasse	50	
Sheets, ground, waterproof ...	13	
Flags, field, HP, with red cross, square, 4 feet	1	In bag.
Flags, field, triangular, directing...	2	In bag.
Rags, bundle ... ... lb.	15	

The sheets folded as described under A are to be placed over Box No. 1. As the ends are found to rise, leaving the centre of the pile lower, this hollow has to be filled up from time to time as the packing goes on. This may be done by first putting in 10 sheets, and then 10 paillasse cases folded lengthwise twice, and 10 bolster cases into the hollow ; then another 10 sheets, &c., until the proper number be completed. The waterproof sheets folded as large as possible are to be placed over the others, and the bag of flags and bundle of rags over all. Maignen's filter in wicker cover is strapped on the top of the box.

COMPARTMENT C.

This contains the Boxes 2 to 5, of which the arrangement and contents are as follows. The number in the boxes indicates the position of the different articles named in the subjoined lists. And where more than one description is included under the same number, it is either placed over or inside the first-named opposite that number :—

Box No. 2.

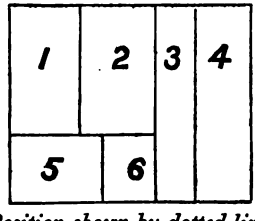


Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

Prepared charcoal for Maignen's filter	1	in No.	1
Cups, tin, drinking, 1 pint, HP, canteen	17	„	2
Cups, tin, drinking, 1 pint, HP, canteen	17	„	3
Kettles, tin, cooking, nests of 8 ...	1	„	4
Pan, iron, frying, round, 12-inch, with shifting handles	1	„	4
Kettles, tin, cooking, nests of 8 ...	1	„	5
Pan, iron, frying	1	„	5
Cans, tin, soup, 3 gallons	2	„	6
Shapes, pudding	6	„	6
Feeders, earthenware	3	„	6
Enamelled pan of meat weighing machine	1	„	6
Basins, iron, enamelled	20	„	7
Plates, tin, dinner (if all these cannot be got in here some may be placed in No. 6)	50	„	8
Basins, iron, enamelled	20	„	9
Brushes, shaving	2	„	3

Tray in Box 2.



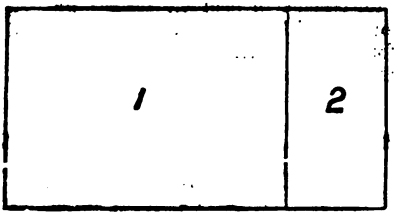
(*Position shown by dotted lines*).

Knives, dinner, black handled, large	50	in No.	1
Forks, dinner, black handled, large	50	„	2
Knife, carving, black handled ...	1	„	3
Fork „ „ ...	1	„	3
Knives, for opening tins	2	„	3
Castor, pepper, pewter	1	„	4
Cocks, bib, driving ¾-inch... ...	2	„	4
Cups, pewter, HP, egg	10	„	4
Salt cellars, wood	3	„	4
Spoons, German silver, table ...	50	„	5

Appendix No. 62.

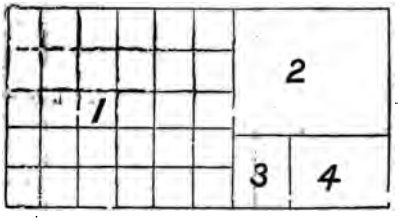
Field Hospital Store Wagon—*continued.*

Box No. 3.



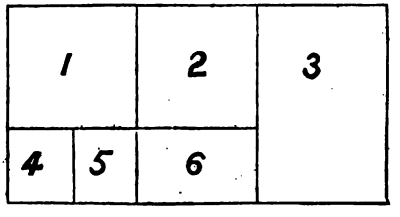
Box for money, medals, &c.	No.	1
Space for stationery, books, &c.	„	2

Box No. 4.



Brandy ... ...bottles	30	in No.	1
Tin for sugar ... ... lbs.	50	„	2
Scoop, ½-pint	1	„	2
Measures, pewter, ½-gill to 1 quart, tested ... ... set	1	„	3
Funnels, tin, ½-pint...	2	„	3
Scoops, ½-pint	1	„	3
Tin, for tea ... ... lbs.	6	„	4
Corkscrews	2	„	3

Box No. 5.



Appendix No. 62.

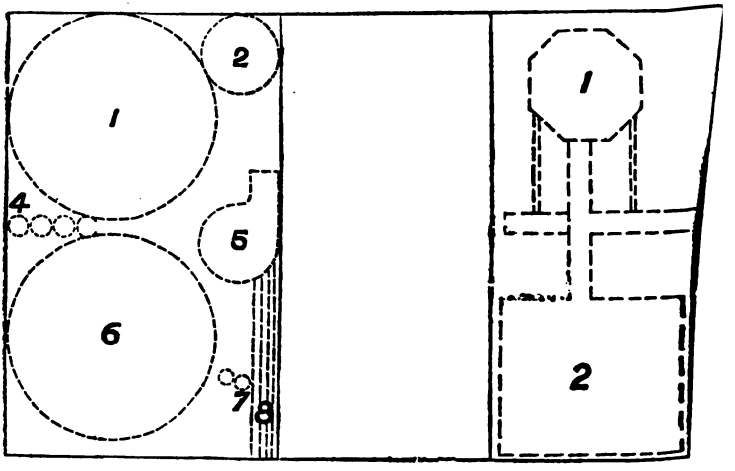
FIELD HOSPITAL STORE WAGON—*continued.*

Tin, for arrowroot	lbs.	40	in No.	1
„ for rice	„	50	„	2
Space for essence of beef ...	„	28	„	3
Tin, for mustard	„	5	„	4
„ for pepper	„	5	„	5
„ lined, for salt	„	20	„	6

Over A, B, C.

Stretchers (or bearers), N.P., complete... No. 2

COMPARTMENT D.



The positions of the subdivisions in this compartment are shown in the end elevation given above. In the plans of subdivisions 1 and 5 which follow, the numbers indicate the positions of the different articles in the subjoined lists, and where more than one is included under the same number it is either placed over or inside that first named.

Subdivision 1 *contains*—

Pans, zinc, HP, canteen bed ...	4	in No.	1
Rings for close stool frames ...	3	„	1
Pans for close stools	3	„	1
Pots, zinc, chamber	6	in No.	1
Cups, zinc, spitting, HP	6	„	2

Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

Legs for close stool frames, placed vertically	9	in No. 4
Urinals, pewter	4	„ 5
Buckets, iron, galvanized, 4 galls...	2	„ 6
Brushes, hand, scrubbing	2	„ 6
„ washing, laundry ...	6	„ 6
Sponges, bath, 2-oz.	2	„ 6
Basins, iron, enamelled, 7½-inch ...	5	„ 6
„ zinc, 11-inch, MP	5	„ 6
Warmers, pewter, stomach ...	2	„ 6
Brushes, whitewash, 6-oz.	2	„ 7
Triangles, for legs of close stools...	3	„ 8

Subdivision 2.

Tin for soap...	lbs.	30
„ to receive can, tin, oil, feeding ...		1
Funnel, tin, for oil, ½-pint...		1
Matches, wax		1,000
Wick, for lamps, flat	yards	2
„ „ round	„	2
Can, tin, oil, feeding, 1 pint		1

Subdivision 3.

Can, tin, with screw stopper, for colza oil	galls.	3
Lanterns, hand, half round		2
„ tent, distinguishing, red ...		1

Subdivision 4.

Chisel, ripping	1
Chopper, meat, butchers'	1
Fork, flesh, small	1
Hammer, handled, claw, 20-oz., small ...	1
Knives, butchers', cutting, 10-inch ...	3
Ladle, iron, tinned, soup	1
Saws, tenon, iron back, 14-inch	1
Skewers, with chains	3
Steel, butchers'	1

Subdivision 5.

Machine, weighing (the enamelled pan of this machine in No. 6, Box 2, Compartment C)	1 in No. 1
Scales, weighing, with pillar	„

Appendix No. 62.

FIELD HOSPITAL STORE WAGON—*continued.*

Box containing sets of weights, ¼ oz. to 7 lbs. and ¼ lb. to 14 lbs.
Mill, coffee (with handle taken off over box of weights).

Outside Wagon.

Axes, felling, 4½-lb., straight handled, helved	2
Axes, pick, helved, 6½-lb.	2
Hook, bill, handled	1
Poles, for distinguishing lamps, flags, &c., 18 feet	1
Poles, for distinguishing lamps, flags, &c., 8 feet	2
Saws, cross-cut, 5 feet, complete	1
„ hand, 26-inch, complete	1
Spades, helved, common	2

APPENDIX No. 63.

MODE OF PACKING AND CONTENTS OF A PHARMACY WAGON.

The accompanying plans give the interior arrangements of the wagon in sufficient detail to enable any one to place the different articles enumerated in the subjoined lists in the places assigned for them, or to permit a person who has seen the wagon for the first time to lay his hand on any of these, after ascertaining from the list where they are to be found.

The different compartments in the wagon are indicated by the letters A to H. By the horizontal section it will be seen that two open on the near side, the foremost of which is marked A, the next one B. That marked D opens to the rear, and by the longitudinal section another marked C is shown over it; the two opening on the off side are marked respectively E and F; and the longitudinal section shows another marked G, over A, B, E, and F, but opening from the front over the driver's seat; finally, the compartment under the driving seat is lettered H.

The various subdivisions in these compartments are numbered, commencing with the uppermost, and proceeding from left to right when there are more than one on the same level. Thus Compartment A contains four drawers for bandages (*see* transverse section MN), which are numbered 1 to 4 from above downwards.

Compartments B and C have no subdivision. Compartments D contains seven slides numbered 1 to 7, of which details are given below. Compartment E has four subdivisions, as shown in the longitudinal section; No. 1 being for waterproof cloth and other bulky articles, No. 2 being a small locker for 18 bottles of brandy; No. 3 for cooking utensils; and No. 4 for essence of meat and other medical comforts. Compartment F (*see* transverse section MN) has five subdivisions, of these Nos. 1 and 2 are drawers for surgical instruments, and Nos. 3, 4, and 5 below are for portions of medical comforts. Compartment G receives the operating table, and the long splints for fractures of the thigh, which cannot be placed elsewhere. Compartment H has two numbered subdivisions; No. 1 for a can of mineral oil, and No. 2 for the operating

Appendix No. 63.

MODE OF PACKING, &c.—*continued.*

lamp, while the remainder of the space receives the cover for the dispensing place at the rear, and the horse blankets, brushes, &c., required by the driver.

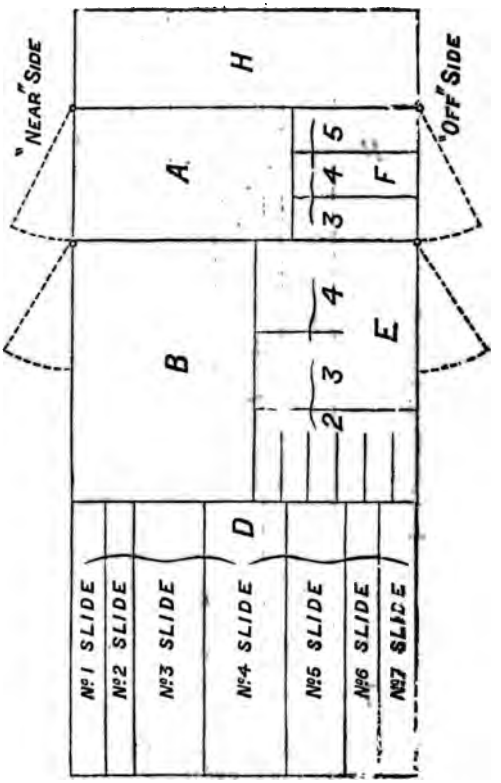
The door of Compartment D is hinged below, and when opened falls back into the horizontal position, forming a table for the dispenser to work at. The slides Nos. 1 to 7 in this compartment draw out over this table. Nos. 1 to 4 face to the right, and Nos. 5 to 7 to the left. Slides 1, 2, 6, and 7 contain most of the medicines required in dispensing, while the apparatus employed by the compounder is nearly all placed in the ends of 3, 4, and 5, directly facing him, and within reach, while the portion of the table opposite these slides is available for him to work at. In the slides, as elsewhere, every subdivision is numbered, commencing at the left of the upper row as it faces the compounder, and embracing those below in succession. In slides 3 and 4 the enumeration commences with the subdivisions in the ends, but in 5, as it commences from the other end, the outer subdivision is the highest number.

The tank below, in front of the hind axle, is similar to that attached to the ambulance wagon. To fill it, screw the leather funnel to the end of the long tube and attach the funnel to the hook at the right side of the wagon. Open the large stopcock at the lower part of the tank, also the small one above to allow the air to escape, then pour water into the funnel until the tank be filled. When full, close the lower stopcock, and then the small one above, unscrew the funnel from the tube, and hang it to the proper hook below the bed of the wagon. To obtain water from the tank it is only necessary to open the large stopcock, placing a vessel below the end of the tube to receive it. Should it not flow freely, the small stopcock above may be opened.

Appendix No. 63.

MODE OF PACKING, &c.—*continued.*

HORIZONTAL SECTION.



Appendix No. 63.

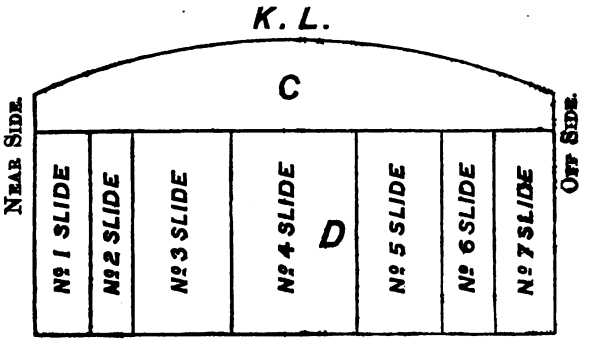
Mode of Packing, &c.—*continued.*

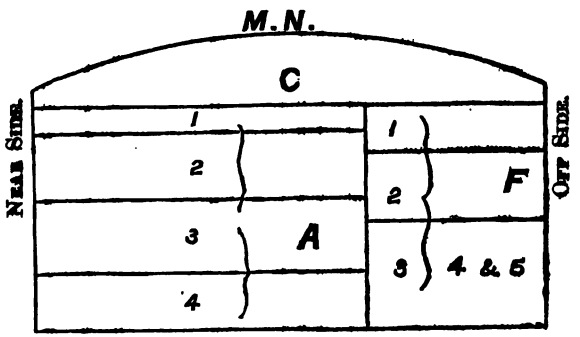
Articles.	Quantity.	Where placed.			
	lbs. oz.				
Acaciæ pulv:	1 0	Compartment D.	Slide 7	No. 12	
Acid, acetic	2 0	,,	,, 1	,, 12	
,, boracic	0 8	,,	,, 2	,, 17	
,, carbolic	0 8	,,	,, 2	,, 18	
,, ,, liquid	2 0	,,	,, 6	,, 12	
,, chromic	0 8	,,	,, 2	,, 19	
,, gallic	0 4	,,	,, 2	,, 20	
,, hydrochlor: pur:	0 8	,,	,, 2	,, 21	
,, hydrocyan: dil:	0 2	,,	,, 6	Poisons 1	
,, nitric: pur:...	0 8	,,	,, 2	No. 22	
,, sulphuric: pur:	0 6	,,	,, 2	,, 1	
,, tart: pulv:	1 0	,,	,, 7	,, 1	
Adeps Benz:	7 0	,,	,, 3	,, 21	
Æther, in 2 bottles	1 0	,,	,, 6	,, 2 & 3	
Alum: pulv:	2 0	,,	,, 7	,, 13	
Ammon: bromid:...	0 8	,,	,, 2	,, 23	
,, carbon:	2 0	,,	,, 7	,, 14	
Antim: tartarat:	0 8	,,	,, 3	,, 20	
Aq: destillat:	2 0	,,	,, 6	,, 13	
Argent: nitrat:	0 4	,,	,, 2	,, 2	
Atropiæ sulph: (Savory and Moore's discs) ... ... No.	500	,,	,, 6	Poisons 3	
Bismuth subnit:	0 8	,,	,, 2	No. 24	
Camphor compressed	1 0	,,	,, 6	,, 11	
Capsici pulv:	0 6	,,	,, 3	,, 20	
Charta sinapis ... ... tins	24	,,	,, 3	,, 22	
Chirata contus	3 0	,,	,, 3	,, 14	
Chloral hydras	1 0	,,	,, 7	,, 2	
Chlorodyne	0 8	,,	,, 2	,, 25	
Chloroform (in 4 bottles)	4 0	,,	,, 6	,, 4	
Collodion	0 4	,,	,, 2	,, 3	
Conf: aromat: tablets ... ... doz.	5	,,	,, 4	,, 3	
,, opii tablets... ... ... ,,	6	,,	,, 4	,, 3	
Creasotum...	0 8	,,	,, 2	,, 26	
Cupri sulph:	0 8	,,	,, 2	,, 27	
Dec: senegæ cone:	2 0	,,	,, 6	,, 14	
Emp: plumbi	1 8	,,	,, 3	,, [illegible]	
Ergotine (Savory and Moore's discs) No.	250	,,	,, 6	Poisons [illegible]	
Ext: belladon:	0 8	,,	,, 6	No. [illegible]	
,, cinch: liq:	1 8	,,	,, 3	,, [illegible]	
,, ergot: liq:	0 4	,,	,, 2	,, [illegible]	
,, filicis liq:	0 4	,,	,, 2	,, 4	
,, hyoscyam:	0 8	,,	,, 6	,, 5	
,, opii	0 8	,,	,, 6	,, 10	
,, sennæ liq:	2 0	,,	,, 7	,, 10	
Ferri et quiniæ cit:	0 6	,,	,, 2	,, 15	
,, perchlor:	0 8	,,	,, 2	,, 28	
,, sulph:	0 8	,,	,, 2	,, 29	
Glycerinum	2 8	,,	,, 6	,, 30	
Hydrarg: iodid: rub:	0 2	,,	,, 6	,, 15	
,, oxid: rub:	1 0	,,	,, 6	Poisons 5	
,, perchlorid:	0 6	,,	,, 3	No. 20	
,, subchlorid:	0 8	,,	,, 6	Poisons 2	
,, c. cretâ	0 8	,,	,, 2	No. 6	
Injec: morph: hypodermic: conc: ...	0 8	,,	,, 2	,, 31	
Iodum	0 8	,,	,, 2	,, 32	
Iodoform	3 0	,,	,, 2	,, 7	
		,,	,, 3	,, 15	

Appendix No. 63.

MODE OF PACKING, &c.—*continued.*

TRANSVERSE SECTION ON LINE.





Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.	Quantity.	Where placed.			
	lbs. oz.				
Acaciæ pulv:	1 0	Compartment D.	Slide 7	No.	12
Acid, acetic	2 0	,,	,, 1	,,	12
,, boracic	0 8	,,	,, 2	,,	17
,, carbolic	0 8	,,	,, 2	,,	18
,, ,, liquid	2 0	,,	,, 6	,,	12
,, chromic	0 8	,,	,, 2	,,	19
,, gallic	0 4	,,	,, 2	,,	20
,, hydrochlor: pur:	0 8	,,	,, 2	,,	21
,, hydrocyan: dil:	0 2	,,	,, 6	Poisons	1
,, nitric: pur:...	0 8	,,	,, 2	No.	22
,, sulphuric: pur:	0 6	,,	,, 2	,,	1
,, tart: pulv:	1 0	,,	,, 7	,,	1
Adeps Benz:	7 0	,,	,, 3	,,	21
Æther, in 2 bottles	1 0	,,	,, 6	,,	2 & 3
Alum: pulv:	2 0	,,	,, 7	,,	13
Ammon: bromid:...	0 8	,,	,, 2	,,	23
,, carbon:	2 0	,,	,, 7	,,	14
Antim: tartarat:	0 8	,,	,, 3	,,	20
Aq: destillat:	2 0	,,	,, 6	,,	13
Argent: nitrat:	0 4	,,	,, 2	,,	2
Atropiæ sulph: (Savory and Moore's discs) ... ... No.	500	,,	,, 6	Poisons	3
Bismuth subnit:	0 8	,,	,, 2	No.	24
Camphor compressed	1 0	,,	,, 6	,,	11
Capsici pulv:	0 6	,,	,, 3	,,	20
Charta sinapis ... ... tins	24	,,	,, 3	,,	22
Chirata contus	3 0	,,	,, 3	,,	14
Chloral hydras	1 0	,,	,, 7	,,	2
Chlorodyne	0 8	,,	,, 2	,,	25
Chloroform (in 4 bottles)	4 0	,,	,, 6	,,	4 to 7
Collodion	0 4	,,	,, 2	,,	3
Conf: aromat: tablets ... ... doz.	5	,,	,, 4	,,	3
,, opii tablets... ... ... ,,	6	,,	,, 4	,,	3
Creasotum	0 8	,,	,, 2	,,	26
Cupri sulph:	0 8	,,	,, 2	,,	27
Dec: senegæ conc:	2 0	,,	,, 6	,,	14
Emp: plumbi	1 8	,,	,, 3	,,	5
Ergotine (Savory and Moore's discs) No.	250	,,	,, 6	Poisons	4
Ext: belladon:	0 8	,,	,, 6	No.	10
,, cinch: liq:	1 8	,,	,, 3	,,	16
,, ergot: liq:	0 4	,,	,, 2	,,	4
,, filicis liq:	0 4	,,	,, 2	,,	5
,, hyoscyam:	0 8	,,	,, 6	,,	10
,, opii	0 8	,,	,, 6	,,	10
,, sennæ liq:	2 0	,,	,, 7	,,	15
Ferri et quiniæ cit:	0 6	,,	,, 2	,,	28
,, perchlor:	0 8	,,	,, 2	,,	29
,, sulph:	0 8	,,	,, 2	,,	30
Glycerinum	2 8	,,	,, 6	,,	15
Hydrarg: iodid: rub:	0 2	,,	,, 6	Poisons	5
,, oxid: rub:	1 0	,,	,, 3	No.	20
,, perchlorid:	0 6	,,	,, 6	Poisons	2
,, subchlorid:	0 8	,,	,, 2	No.	6
,, c. cretâ	0 8	,,	,, 2	,,	31
Injec: morph: hypodermic: conc: ...	0 8	,,	,, 2	,,	32
Iodum	0 8	,,	,, 2	,,	7
Iodoform	3 0	,,	,, 3	,,	15

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.	Quantity.	Where placed.
	lbs. ozs.	
Ipecac: pulv:	1 0	Compartment D. Slide 7 No. 16
,, ,, compsd: 20 *grs. each* doz.	8	,, ,, 3 ,, 20
Lin: saponis	2 0	,, ,, 1 ,, 13
Liq: ammon: acet: conc:	1 8	,, ,, 3 ,, 16
,, ammoniæ fort:	1 0	,, ,, 6 ,, 8
,, arsenicalis	0 8	,, ,, 2 ,, 33
,, calcis: sulph:	1 8	,, ,, 3 ,, 15
,, cubebæ co:	2 0	,, ,, 3 ,, 14
,, epispastic:	0 4	,, ,, 2 ,, 8
,, plumbi subacet:	2 0	,, ,, 3 ,, 17
,, sodæ chlor:	2 0	,, ,, 1 ,, 15
,, strychniæ	0 2	,, ,, 6 Poisons 6
Magnesiæ carbon:	1 0	,, ,, 3 No. 6
,, sulphas: exsic:	5 0	,, ,, 3 ,, 18
Mist: pro diarrhœa	1 8	,, ,, 3 ,, 17
Morph: acet: (Savory and Moore's discs) ... ... No.	750	,, ,, 6 Poisons 7
Morph: hydrochlor:	0 2	,, ,, 2 No. 9
Ol: anisi	0 4	,, ,, 2 ,, 10
,, crotonis	0 4	,, ,, 2 ,, 11
,, lini	12 0	,, ,, 5 ,, 11 & 12
,, menth: pip:	0 4	,, ,, 2 ,, 12
,, olivæ	2 0	,, ,, 1 ,, 16
,, ,, ...	6 0	,, ,, 5 ,, 13
,, ricini	2 0	,, ,, 1 ,, 17
,, ,, ...	6 0	,, ,, 5 ,, 14
,, terebinth:	2 0	,, ,, 1 ,, 18
Opii pulv:	0 6	,, ,, 2 ,, 34
Pil: hydrarg:	1 0	,, ,, 6 ,, 11
Pills, No. 7—Hydrarg: Subchlor: Opii Pulv:, aa. gr. i. in each pill ... doz.	83	
,, ,, 8—Plumbi Acet:, gr. iij. Opii Pulv:, gr. i. Calumbæ Pulv:, gr. i. in each pill ... ,,	43	
,, ,, 9—Hydrarg: Subchlor: Pil: Rhei: Comp: Pil: Coloc: Comp:, aa. gr. ij. in each pill ... ,,	35	
,, ,, 10—Quiniæ Sulph:, gr. ij. in each pill ... ,,	48	
,, ,, 11—Camphoræ, gr. iij. Opii Pulv:, gr. ij. Capsici Pulv:, gr. ½ in each pill ... ,,	22	,, ,, ,, 20
,, ,, 12—Opii Pulv:, gr. i. in each pill ... ,,	124	
,, ,, 13—Pulv: Aloes Barb:, gr. iss. Pulv: Jalapæ, gr. ij. ,, Colocynth, gr. i. ,, Cambogia, gr. ¼ Sapo: Dur:, gr. ½ Ol: Carui:, m. ¼ in 2 pills for a dose ,,	42	
,, Cough—Ext: Conii Ipecac: Pulv: Ext: Hyoscyami: Pil: Scillæ Co:, aa. gr. i. *in each pill* ... ,,	38	
Podophyllin and Taraxacum ,,	32	

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.	Quantity. lbs.	oz.	Where placed.				
Plumbi acet:	1	8	Compartment D.	Slide	7	No.	3
Potassæ caustica:	0	4	,,	,,	2	,,	18
Potass: bicarb: pulv:	1	0	,,	,,	7	,,	4
,, bromid:	1	0	,,	,,	7	,,	5
,, chloras:	1	0	,,	,,	7	,,	6
,, iodid:	2	0	,,	,,	7	,,	17
,, nitras: pulv:	2	0	,,	,,	6	,,	19
,, permanganas pur:	2	0	,,	,,	6	,,	16
,, tartras acida	1	0	,,	,,	7	,,	7
Pulv: cretæ arom: c. opio	2	0	,,	,,	8	,,	19
,, ipecac: comp:	1	0	,,	,,	7	,,	8
,, jacobi	0	2	,,	,,	4	,,	3
,, jalap: comp:	1	8	,,	,,	7	,,	18
,, acidlitis, condensed	2	0	,,	,,	7	,,	10
Quinine sulph: compressed	1	8	,,	,,	7	,,	9
Rhei pulv:	1	0	,,	,,	7	,,	10
Salicine	0	3	,,	,,	3	,,	20
Sodæ bicarb:	2	0	,,	,,	7	,,	20
,, ,, compressed ... doz.	24		,,	,,	3	,,	30
,, salicylas	1	0	,,	,,	6	,,	17
Spirit: æther:	1	0	,,	,,	1	,,	1
,, ,, nitrosi	1	0	,,	,,	1	,,	2
,, ammon: arom:	1	0	,,	,,	1	,,	3
,, chloroform:	1	0	,,	,,	1	,,	4
,, rectificat:	2	0	,,	,,	1	,,	19
Strychnia (Savory & Moore's 1½ grs No.	250		,,	,,	6	Potassæ	8
Sulphur sublimat:	2	0	,,	,,	3	No.	7
Tinct: aconit:	0	4	,,	,,	2	,,	14
,, benzoin: co:	0	8	,,	,,	2	,,	35
,, camph: co:...	0	8	,,	,,	2	,,	36
,, capsici	0	4	,,	,,	2	,,	15
,, cardam: co:	1	0	,,	,,	1	,,	5
,, catechu	2	0	,,	,,	1	,,	20
,, colch: sem:	0	8	,,	,,	2	,,	37
,, digitalis	0	8	,,	,,	2	,,	38
,, ferri perchlor:	1	4	,,	,,	1	,,	6
,, hyocyam:	1	0	,,	,,	1	,,	7
,, iodi	1	0	,,	,,	6	,,	9
,, ipecac: c. opii	0	8	,,	,,	2	,,	39
,, myrrhæ	0	8	,,	,,	2	,,	40
,, opii	1	0	,,	,,	1	,,	8
,, rhei co:	1	0	,,	,,	1	,,	9
,, scillæ	1	0	,,	,,	1	,,	10
,, sennæ	1	0	,,	,,	1	,,	11
,, zingib: fort:	0	4	,,	,,	2	,,	16
Ung: hydrarg: fort:	1	0	,,	,,	3	,,	8
,, resinæ	2	0	,,	,,	3	,,	9
,, zinci...	1	0	,,	,,	3	,,	8
Vaseline	7	0	,,	,,	3	,,	21
Zinci chlor:	0	8	,,	,,	2	,,	41
,, oxyd:	0	8	,,	,,	2	,,	42
,, sulph:	0	8	,,	,,	3	,,	20
Zingiber: pulv:	0	8	,,	,,	7	,,	11

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.	Quantity.	Where placed.
Medicated Gelatine Preparations.		
1 tin, containing—		
Lamels for internal use, 2 sheets each.		
Antim: tart:		
Emetin		
Ipecac: extract		
Iron ammon: citrate		
James's powder		
Mercury chloride		
Morphia muriate		
Nucis vom: extract		
Opium extract		
,, and ipecac:		
Podophyllin		
Quinine		
Discs for hypodermic solution, 1 large tube each.	...	Compartment D. Slide 6 No. 1
Curara		
Eserine		
Morphia		
Morphia and atropia		
Quinine		
Strychnia		
Discs for ophthalmic use, 1 large tube each.		
Alum		
Atropine		
,, and morphia		
Calabarised		
Copper sulphate		
Opium and lead acet:		
And one hypodermic syringe.		
Dispensing Appliances, &c.		
Bolus tiles, 10-inch ... ... No.	2	Compartment D. Slide 4 No. 6
Bottles, 4-oz.	18	,, ,, 4 ,, 9
,, 8-oz.	12	,, ,, 4 ,, 9
Boxes, chip ... ...papers	1	,, ,, 4 ,, 9
,, paper ... ... ,,	2	,, ,, 4 ,, 9
Corks, assorted ... ... gross	1½	,, ,, 4 ,, 9
Corkscrew, folding ... ... No.	2	,, ,, 5 ,, 15
Funnel, tin, ½-pint ... ... ,,	1	,, ,, 5 ,, 15
Gallipots, nest of 4 ... ... ,,	5	,, ,, 4 & 5 ,, 2 & 1
Labels, blank ... ... ,,	200	,, ,, 4 Drawer 10
,, poison ... ... ,,	100	,, ,, 4 ,, 10
Measures, glass, minim ... ... ,,	2	,, ,, 4 & 6 { ,, 1 / Poisons 10
,, ,, 2-oz. ... ... ,,	1	,, ,, 4 No. 1
,, ,, 10-oz. ... ... ,,	1	,, ,, 4 ,, 1
,, ,, pewter, ounce ,,	1	,, ,, 4 ,, 2
,, ,, tin, pint ... ,,	1	,, ,, 4 ,, 1
Measures, horn cup	1	,, ,, 4 ,, 1
Mortars and pestles, small ... No.	1	,, ,, 6 Poisons 10
,, ,, medium ... ,,	2	,, ,, 5 No. 15
Paper, blotting ... ... quire	½	,, ,, 4 ,, 7
,, wrapping ... ... ,,	2	,, ,, 4 ,, 7
,, writing, foolscap... ... ,,	2	,, ,, 4 ,, 7
Papers, powder ... ...packet	1	,, ,, 4 ,, 8

Appendix No. 63.

Mode of Packing, &c.—*continued.*

icles.		Quantity.	Where placed.				
... ...	No.	36	Compartment	D.	Slide 4		No. 11
arge	,,	4	,,		,, 4		,, 5
.. ..	pieces	6	,,		,, 5		,, 2
astic	No.	72	,,	A.		Drawer	,, 4
olised... ...	lbs.	28	,,	B.			
erman ...	yds.	30	,,	E.			,, 1
cloth	,,	20	,,				
ntiseptic ...	oz.	2	,,	D.	,, 3		,, 12
... ...	lbs.	6	,,	E.			

Surgical Appliances and Apparatus.

lar and 3 square	No.	6	Compartment	D.	Slide 4	No. 16
neyer's ...	,,	6	,,	C.	Centre	
nd 3 leather...	,,	6	,,		,,	
lvanised, and	,,	6	,,		,,	
assorted, viz.:—						
nd 2 scored do., pads, &c. ...	sets	3	The long splints, those with foot pieces and accompanying apparatus, and Smithson's splints, in Compartment G; remainder in C.			
, with pads, &c.	No.	3				
oot piece and r articles ...	,,	2				
, with pads, &c.	sets	3				
... ...	,,	3				
nterior ...	No.	2				
— with pads, &c., ...	,,	2	Compartment C. ,,			
with pads, &c., ...	,,	2	,,			
on, with pads, ...	set	1	,,			
n, with pads, ...	,,	1	,,			
nc, with pads, ...	,,	1	,,			
nc, with pads, ...	,,	1	,,			
with pads, &c., ...	,,	1	,,			
with pads, &c., ...	,,	1	,,			
... ...	,,	2	,,			
modified, wire, ases	,,	1	,,			
with pads, &c., ...	,,	4	,,			
, with pads, &c., ...	,,	4	,,			
with pads, &c., ...	,,	2	,,			

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Pill machine	No.	1	Compartment D. Slide 3 No. 4
Powder folder	,,	1	,, ,, 3 ,, 2
Scales and weights, grain, small	,,	1	,, ,, 6 Poisons 9
,, ,, ,, large	,,	1	,, ,, 3 No. 2
,, ,, ,, ,, stand for	No.	1*	,, ,, 3 ,, 2
,, ,, ounce ...	,,	1	,, ,, 3 ,, 2
,, ,, ,, stand for	,,	1*	,, ,, 3 ,, 2
Spatulas, small	,,	1	,, ,, 6 Poisons 10
,, ordinary, 4-in., 5-in., & 7-in.	,,	3	,, ,, 5 No. 15
,, plaster	,,	1	,, C. ,, — Centre
Stopper loosener	,,	1	,, D. ,, 3 No. 1

* Stems for these on top of slide.

Dressing Materials, &c.

Articles.	In. wide.	Yds. long.		Quantity.	Where placed.
Bandages, calico, antiseptic	1½	4	No.	200	Compartment A. Drawer No. 1
,, ,, ,,	2½	7	,,	150	,, ,, ,, 2
,, ,, ,,	3	8	,,	120	,, ,, ,, 3
,, fast edged ,,	2½	6	,,	30	,, ,, ,, 3
,, ,, ,,	3	6	,,	24	,, ,, ,, 3
,, flannel	4	8	,,	36	,, ,, ,, 4
,, ,, ...	6	6	,,	12	,, ,, ,, 4
,, loose wove, antiseptic	2½	6	,,	50	,, ,, ,, 1
,, ,, ,, ,, ...	2½	6	,,	150	,, ,, ,, 2
,, ,, ,, ,, ...	3	6	,,	120	,, ,, ,, 3
,, triangular. antiseptic			,,	40	,, ,, ,, 1
Calico			yds.	50	,, E. ,, 1
,, thin			,,	24	,, ,, 1
Flannel			,,	20	,, ,, 1
Iron wire, plated			reels	2	,, D. Slide 3 ,, 12
Ligature, catgut, carbolised ...			hanks	6	,, ,, 3 ,, 11
,, silk			,,	8	,, ,, 3 ,, 12
Linen			yds.	30	,, E. ,, 1
Lint, anteseptic			lbs.	70	,, B.
,, marine...			,,	36	,,
Oiled silk			yds.	3	,, D. ,, 4 ,, 8
,, protective			,,	4	,, ,, 4 ,, 8
Pins			papers	4	,, ,, 3 ,, 11
Plaster, adhesive, tins containing—					
six 1 inch wide by 12 yards long			No.	12	one case of each in Compartment D, ,, 5 ,, 4
one 6 inch wide by 12 yards long			,,	6	remainder in Compartment E. ,, 1
,, isinglass, 8 inch			yds.	20	,, D. ,, 5 ,, 4
,, ,, six 1 inch wide, 12 yards long			No.	1	,, ,, 5 ,, 4
,, soap, 6 inch wide			yds.	24	,, ,, 5 ,, 4
Skins, chamois			No.	2	,, ,, 4 ,, 16
,, plaster			,,	2	,, ,, 4 ,, 16
,, split, for capping			,,	2	,, ,, 4 ,, 16

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.		Quantity.	Where placed.			
Sponges, surgeons'	No.	36	Compartment	D.	Slide 4	No. 11
,, ,, large	,,	4	,,		,, 4	,, 5
Tape, broad	pieces	6	,,		,, 5	,, 2
Tourniquets, web elastic	No.	72	,,	A.	Drawer	,, 4
Tow, surgeons', carbolised... ...	lbs.	28	,,	B.		
Waterproof cloth, German ...	yds.	30	,,	E.		,, 1
,, dressing cloth	,,	20	,,			
Wax for ligatures, antiseptic ...	oz.	2	,,	D.	,, 3	,, 12
Wool, salicylic	lbs.	6	,,	E.		

Surgical Appliances and Apparatus.

Air cushions, 3 circular and 3 square	No.	6	Compartment	D.	Slide 4	No. 16
Arm cushions, Stromeyer's ...	,,	6	,,	C.	Centre	
,, slings, 3 wire and 3 leather ...	,,	6	,,		,,	
Brackets, iron, galvanised, and screws	,,	6	,,		,,	
Fracture apparatus, assorted, viz.:—						
Splints:						
Thigh—						
1 long wood and 2 scored do., with pads, &c. ...	sets	3	The long splints, those with foot pieces and accompanying apparatus, and Smithson's splints, in Compartment G; remainder in C.			
,, jointed, with pads, &c.	No.	3				
,, with foot piece and other articles ...	,,	2				
wood, shaped, with pads, &c.	sets	3				
tinned wire	,,	3				
Smithson's anterior ...	No.	2				
Leg and Ankle—						
scored wood, with pads, &c., 17 in.	,,	2	Compartment C. ,,			
scored wood, with pads, &c., 19 in.	,,	2	,,			
japanned iron, with pads, &c., right	set	1	,,			
japanned iron, with pads, &c., left	,,	1	,,			
perforated zinc, with pads, &c., right	,,	1	,,			
perforated zinc, with pads, &c., left	,,	1	,,			
tinned wire, with pads, &c., right	,,	1	,,			
tinned wire, with pads, &c., left	,,	1	,,			
M'Nalty's	,,	2	,,			
McIntyre's modified, wire, with pad cases	,,	1	,,			
Arm—						
wood, scored, with pads, &c., 9 & 11 in.	,,	4	,,			
wood, scored, with pads, &c., 10 & 12 in....	,,	4	,,			
woven wire, with pads, &c., 10 & 12 in....	,,	2	,,			

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.		Quantity.	Where placed.
woven wire, with pads, &c., 18 & 16 in,...	set	2	Compartment C.
japanned wire, with pads, &c., 10 & 12 in.	,,	2	,,
Elbow—			
winged hinged iron, with pads, &c.	,,	1	,,
jointed perforated zinc, with pads, &c.	,,	1	,,
jointed tinned wire, with pads, &c.	,,	1	,,
Fore Arm—			
wood, scored, with pads, &c., 13 in.	,,	1	,,
wood, scored, with pads, &c., 14 in.	,,	1	,,
wood, scored, with pads, &c., 15 in.	,,	1	,,
tinned wire, with pads, &c., 13 in.	,,	1	,,
tinned wire, with pads, &c., 14 in.	,,	1	,,
tinned wire, with pads, &c., 15 in.	,,	1	,,
Wrist and Hand—			
Palma splint	,,	8	,,
Flannel—			
knee-joint for plaster of Paris	,,	4	,,
leg and ankle for plaster of Paris	,,	6	,,
Gutta-percha, 18 in. by 4 in. by $\frac{3}{16}$ in.	pieces	12	,, Centre
Drainage tubing, india-rubber, in 6 sizes	yds.	12	,, D. Slide 4 No. 14
Drainage tubing, probes for ...	No.	2	,, ,, 4 ,, 14
Irrigators and tubing, nest of 3 ...	set	1	,, ,, 4 ,, 11
Plaster of Paris	No.	18	,, ,, 5 ,, 5
Pulleys and lines for counter extension	No.	6	,, C. Centre
Steel trusses, reversible	,,	4	,, D. ,, 4 No. 15
Suspensory bandages	,,	12	,, C. ,, 4 ,, 15
Screwdriver	,,	1	,, ,, 4 ,, 15
Starch...	lbs.	8	,, ,, 5 ,, 8

Sundry Articles.

Bandage roller	No.	1	Compartment D. Slide 5 No. 1 Handle of spindle in No. 4
Basins, pus	set	1	Compartment C.
,, kidney	,,	1	,, ,,
,, zinc, 11 inch	,,	2	,, D. Slide 4 No. 8
Books with carbon paper ...	No.	2	,, ,, 4 ,, 7
,, memo.	,,	1	,, ,, 4 ,, 7
Camel hair brushes...	,,	12	,, ,, 3 ,, 11
,, ,, ,, for throat ...	,,	6	,, ,, 3 ,, 11
Cover for dispensing table at rear of waggon	,,	1	,, H. 3
Envelopes, official, 2 sizes, 25 each	,,	50	,, ,, 4 ,, 7
Hone	,,	1	,, D. ,, 4 ,, 12

Appendix No. 63.

Mode of Packing, &c.—*continued.*

Articles.	Quantity.	Where placed.	
Arrowroot ... ... lbs.	9	Compartment F.	No. 4
Brandy ... ...bottles	18	,,	,, 2
Essence of beef ... ... lbs.	20	,, E.	,, 4
Mustard ... ... ,,	3	,,	,, 4
Pepper... ... ... ,,	3	,,	,, 4
Rice ... ... ,,	20	,, F.	,, 3
Salt ... ... ,,	14	,, E.	,, 4
Sugar ... ... ,,	20	,, F.	,, 5
Tea ... ... ,,	3	,,	,, 4
Kettle, 2 gallon ... ... No.	1	,, E.	,, 3
,, cooking, nest of 4 ... ... ,,	1	,,	,, 3

List of Tins in Pharmacy Wagon.

Cans, tin, with screw top, 6 lb., oil ...				No. 5
,, ,, ,, 10 lb., paraffin				,, 1
Cases, tin.	with lids opening at top...	Medical comforts	long...	,, 2
			medium	,, 2
			small	,, 2
			lined with wood	,, 1
		Medicines	15 lbs.	,, 3
			7 lbs.	,, 6
			2 lbs.	,, 9
			1 lb.	,, 2
			8 oz.	,, 3
			matches	,, 1
			pills...	,, 8
	with sliding covers, 8 lbs.			,, 5

List of Bottles in Pharmacy Wagon.

	Narrow mouth.	Wide mouth.
2 lb., stoppered ...	14	4
2 ,, wood top-cork	—	6
1½ ,, ,, ,,	5	1
1 ,, stoppered ...	—	8
1 ,, ,, ...	13	2
8 oz., ,, ...	10	20
8 ,, wood top cork	—	10
4 ,, ,, ,,	—	3
4 ,, stoppered ...	8	2
2 ,, ,, ...	2	—
2 ,, wood top-cork	—	2
1 ,, ,, ,,	—	4
12 ,, capped ...	6	—
6 ,, ,, engraved labels	2	—
3 ,, ,, ,, ,,	3	—

APPENDIX No. 64.

MODE OF PACKING AND CONTENTS OF A SURGERY WAGON.

The Medicines, Surgical Appliances, and Instruments are contained in 6 Baskets covered with hide, and lettered A, B, C, D, E, and F.

A. Medicines, &c.
B and C. Instruments and Surgical Appliances.
D. Surgical Appliances.
E. " (Splints, &c.)
F. Reserve.

Contents of Basket A (Medicines, &c.)

Acid: Carbolic	8 oz.
" " liquid	12 "
" Gallic:	2 "
Alum: Exsic: Pulv:	4 "
Ammon: Carbon:	8 "
Amyli Pulv:	4 "
Argenti Nitras	1 "
Aqua Destill:	12 "
Chloral Hydras	2 "
Chloroform:	2 lb.
Creasotum	2 oz.
Chlorodyne	4 "
Cupri Sulph:	1 "
Discs for hypodermic injection, Ergotine, grain $\frac{1}{8}$	750
" " " Morphia, grain $\frac{1}{8}$	1,000
Glycerin:	4 oz.
Hydrarg: Perchlorid:	2 "
Iodoform:	6 "
Ipecac: Pulv:	8 "
Liq: Ammon: Acet: Conc:	12 "
" Ferri Perchlor: Fort:	16 "
" Morphiæ, for injection, gr. 1 in. m VI. ..	4 "
" Plumbi Subacet:	4 "
Mist: pro diarrhœa	12 "
Morphiæ Acet:	$\frac{1}{2}$ "
Mustard Leaves	2 tins
Ol: Menthæ Pip:	1 oz.
Ol: Olivæ	$1\frac{1}{2}$ lbs.

Appendix No. 64.

Contents of Basket A—*continued.*

Ol: Ricini	1½ lbs.
Ol: Terebinth:	1½ „
Opii: Pulv:	1 oz.
Pills, No. 7: Hydrarg: Subchlor: Opii Pulv:, aa. gr. i. in each pill..	9 doz.
Pills, No. 8: Plumbi Acet:, gr. iij. Opii Pulv:, gr. i. Calumbæ Pulv:, gr. i. in each pill	5 „
Pills, No. 9: Hydrarg: Subchlor: Pil: Rhei: Comp: Pil: Coloc: Comp:, aa. gr. ij. in each pill	5 „
Pills, No. 10: Quiniæ Sulph:, gr. ij. in each pill	6 „
Pills, No. 11: Camphoræ, gr. iij. Opii Pulv:, gr. ij. Capsici Pulv:, gr. ¼ in each pill	2 „
Pills, No. 12: Opii Pulv:, gr. i. in each pill ..	25 „
Pills, No. 13: Pulv: Aloes Barb:, gr. iss. „ Jalapæ, gr. ij. „ Colocynth:, gr. i. „ Cambogiæ, gr. ¼ Sapo Dur:, gr. ½ Ol: Carui, m. ¼ in 2 pills for a dose	5 „
Pills, Cough: Ext: Conii. Ipecac: Pulv: Ext: Hyoscyami Pil: Scillæ Co:, aa gr. i. in each pill	5 „
Pills, Podophyllin and Taraxacum	5 „
Potass: Bicarb: compressed (tablets)	15 „
„ Bromid:	4 oz.
Potassæ Permangan:..	12 „
Pulv: Ipecac: Co:	8 „
„ Seidlitz, condensed	1½ lbs.
Quiniæ Sulph: compressed...	2 „
Sodæ Bicarbon:	10 oz.
„ „ compressed (tablets)	15 doz.
Spirit Ætheris	4 oz.
„ „ nitrosi	12 „
„ Ammon: Aromat:	12 „
„ Chloroformi	12

Appendix No. 64.

Contents of Basket A—*continued.*

Tablets for diarrhœa, aromatic confection, ½ dram each..	8 doz.
Tablets for diarrhœa, opiate confection, 1 scruple each..	12 „
Tinct: Benzoin: Comp:	12 oz.
„ Ipecac: et Opii	4 „
„ Opii	12 „
Vaseline, Antiseptic	2½ lbs.
Zinci Chlor:	4 oz.
„ Sulph:	2 „

Instruments, &c.

			In Drawer
Basins, zinc, kidney-shaped		4	2
Bottles, 1, 2 and 4 oz.		1 doz.	4
Camel hair-brushes		6	3
Candle and wax matches		1 tin box.	4
Carbolized catgut		6 hanks.	
Bougies, 1, 3, 4, 5, 6, and 8	in tin box	1 each.	2
Catheters, olivary, 1, 3, 4, 5, 6, and 8		1 „	
Catheters, metal plated, 7 and 9		1 „	
„ silver, 3 and 4 ..		1 „	
Sounds, Lister's, $\frac{3}{6}$, $\frac{6}{6}$, and $\frac{9}{12}$		1 „	
Caustic holders		3	3
„ points		12	3
Corks, assorted		6 doz.	4
Corkscrew, compound		1	3
Forceps, tongue		1	3
Horn cups, graduated		2	4
Hone		1	2
Inhaler, for chloroform, with grad. bottle		1	
„ Ether		1	
Knives, pill and palate		4	well
Labels, blank		100	3
„ poison		100	
Leather case		1	2
containing—			
Ligature thread	White wax		
Ligature silk	Scissors		
Surgeon's needles	Tape		
Sewing needles	Pins		
Hare lip or aucupressure pins			
Safety pins			
Sulphuro-chromic catgut ligatures			

Appendix No. 64.

Contents of Basket A—*continued.*

		In Drawer.
Measures, minim	3	body
„ 2 oz.	2	4
„ pewter, ounce	2	well
Mortar and pestle, composition	1	well
Needles, Cousins'	1 doz.	3
Pencils, indelible	6	3
Spare leads for do.	3 boxes.	3
Plaster, adhesive, 1 in. wide, 6 yds. long..	8 tins.	1
„ „ 6 „ 6 „ ..	6 „	1
„ „ rubber	1 „	1
Plaster, islinglass, 1 in. wide, 12 yds. ..	8 „	1
„ „ 8 „ 5 „ ..	1 „	1
Pins	1 paper.	3
„ safety	1 box.	3
Pill boxes, nested	1 doz.	4
Powder papers	1 packet.	3
Razor..	1	2
„ strop	1	2
Retractors	4	2
Scales and weights, with extra weights ..	1 set.	3
Scalpels	1 „	3
Scissors	1 pair.	3
Screwdriver	1	3
Specification tallies	4 books.	3
Spoons, tea	4	3
Sponges, surgeons'	6	4
„ „ large	2	4
Stopper loosener	1	well
Syringes, hypodermic	2	3
„ „ with 2 tubes of discs	1	3
„ „ with bottle of solution and tube of discs	1	3
Tape, broad (10 yards each)	2 pieces.	3
Tourniquets, elastic web	1 doz.	3
Wire, silver plated	1 oz.	3
„ telegraph	20 feet	3
„ nippers	2 pairs.	3
Medicated gelatine discs and lamels ..	1 tin.	2
Containing—		
Lamels for internal use—1 sheet each.		
Antim: Tart:		
Emetia		
Ipecac: Extract:		
Iron Ammon: Citrate.		
James's Powder		

Appendix No. 64.

Contents of Basket A—*continued.*

Mercury, Chloride		
Morphia, Hydrochlorate		
Nucis. Vom: Extract:		
Opium, Extract.		
„ and Ipecac:		
Podophyllin		
Quinine		
Discs for Hypodermic Solution—1 tube each.		
Curara	Morphia and Atropia	
Eserine	Quinine	
Ergotine	Strychnine	
Morphia		
Discs for ophthalmic use—1 tube each.		
Alum		
Atropine		
„ and Morphia		
Calabarized		
Copper Sulphate		
Opium andLead Acet		

Appendix No. 64.

Contents of Basket B.

Basket 1.

Bandages, calico, antiseptic,	1 inch	5 yards	...	No.	3
" " "	1½ "	5 "	...	"	3
" " "	2½ "	5 "	...	"	20
" " "	3 "	8 "	...	"	10
" fast edged "	2½ "	6 "	...	"	10
" " "	3 "	6 "	...	"	25
" loose wove "	2½ "	6 "	...	"	10
" " "	3 "	6 "	...	"	20
" suspensory "	...	...	...	"	12

Basket 2.

Bandages, 1st dressing, antiseptic	No.	20
" triangular "	"	20
Candle and matches in tin box	"	1
Candles, wax	"	12
Cocoa and milk	tins	2
Hare lip pins	No.	10
Identification tallies	book	1
Measures, pewter (ounce)	No.	2
Pins...	paper	1
" safety	No.	50
Plaster, adhesive, 1 inch, 6 yards	tins	14
" " 6 " 6 "	"	6
" rubber, adhesive...	"	1
Scissors	No.	1
Stethoscope	"	1
Tape, broad, in 10-yard lengths	pieces	4
Tape measure	No.	1
Tourniquets, screw	"	3
" web elastic...	"	12

Partitions under Baskets 1 *and* 2.

Bandages, flannel, 4 inches 8 yards	No.	5
" for bloodless operations	"	1
Boric wool...	oz.	8
Carbolized gauze	yds.	6
" tow	lb.	1
Irrigator, with stopcock, I.R. tubing, and three ivory jets	No.	1
Lamp, with match boxes	"	1
Lint, antiseptic	lbs.	2
Oiled silk protective	yds.	2
String (laid cord)...	oz.	8
Waterproof dressing cloth	yds.	3

Appendix No. 64.

Contents of Basket C.

Basket 1.

Bandages, calico, antiseptic, 1 inch 5 yards ...	No.	3
„ „ „ 1½ „ 5 „ ...	„	3
„ „ „ 2½ „ 5 „ ...	„	20
„ fast edged „ 2½ „ 6 „ ...	„	10
„ „ „ 3 „ 6 „ ...	„	10
„ loose wove „ 2½ „ 6 „ ...	„	10
„ „ „ 3 „ 6 „ ...	„	20
Scissors	„	1

Basket 2.

Bandages, suspensory	„	12
„ 1st dressing, antiseptic	„	20
„ triangular	„	20
Candle and matches in tin box	„	1
Candles, wax	„	12
Cocoa and milk	tins	2
Hare lip pins	No.	10
Identification tallies	book	1
Measures, pewter (ounce)	No.	2
Pins...	paper	1
„ safety	No.	50
Plaster, adhesive, 1 inch, 6 yards	tins	14
„ „ 6 „ 6 „	„	6
„ rubber adhesive	„	1
String (pack thread)	oz.	8
Stethoscope	No.	1
Tape, broad, in 10-yard lengths...	pieces	4
Tape measure	No.	1
Tourniquets, screw	„	3
„ web elastic	„	12
Instruments, resection, in space behind basket	case	1

Partitions under Baskets 1 and 2.

Bandages, calico, antiseptic, 3 inch, 8 yards ...	No.	10
„ flannel 4 „ 8 „ ...	„	5
„ for bloodless operations	„	1
Boric wool	oz.	5
Carbolized gauze	yds.	6
„ tow	lb.	1
Irrigator, with stopcock, I.R. tubing, and 3 ivory jets	No.	1
Lamp, with match boxes...	„	1
Lint, antiseptic	lbs.	2

Appendix No. 64.

Oiled silk, protective	yds.	2
Waterproof dressing cloth	„	3

Contents of Basket D.

Back Partition.

Air cushions, circular	No.	3
Amputating knives	set	1
Aprons, attendant's	No.	3
„ surgeon's	„	2
Calico	yds.	6
Cardboard, for splints	pieces	3
Chamois skin	No.	1
Instruments, tooth	pouch	1
„ surgeon's	case	1
Linen sheeting	yds.	4
Spongio piline	pieces	2
Trusses, reversible	No.	2
V.I.R. cloth	yds.	6
Waterproof cloth	„	4

Left Partition.

Boric wool	lbs.	1½
Scissors	No.	1
Stomach pump	„	1
Tow, surgeon's	lbs.	2

Centre Partition.

Bandages, calico, antiseptic, 2½ inch, 5 yards ...	No.	50
„ fast edged „ 2½ „ 6 „ ...	„	25
„ loose wove „ 2½ „ 6 „ ...	„	25

Right Partition.

Bandages, calico, antiseptic, 3 inch 8 yards ...	No.	25
„ fast edged „ 3 „ 6 „ ...	„	25
„ loose wove „ 2 „ 6 „ ...	„	50

Contents of Basket E.

Back Partition.

Air cushions, square	No.	3
Aprons, attendant's	„	2
„ surgeon s	„	1
Cardboard, for splints	pieces	3
Etna, with 2 drinking cups, and can of spirit ...	No.	1
Instruments, surgeon's	case	1
Sponges, large	No.	3
Spongio piline	pieces	2

Splints, leg and ankle, tinned wire, with pad cases	pairs	2
Splints, leg and ankle, perforated zinc, with pads	„	2
Splints, long-jointed, with pads...	No.	3
„ thigh, wood shaped, with pads... ...	sets	3
„ „ tinned wire, with pad cases ...	pairs	2
Trusses, reversible...	No.	2

Left Partition.

Gypsum bandage instruments	case	1
Flannel, fine	yds.	5
Plaster of Paris	tin	1
Starch	„	1
Scissors	No.	1

Right Partition.

Cushions for stumps, with waterproof cases ...	„	6
Splints, arm, woven wire, with pads	pairs	6
„ fore-arm, tinned wire, with pad cases...	„	4
„ „ perforated zinc, with pads ...	No.	3
„ elbow-jointed „ „ „ „ ...	„	1
„ „ „ tinned wire, with pad cases	„	1
Splints, common, scored	set	1

Contents of Basket F.

Compartment 1.

Bandages, calico, antiseptic, 3 inch 8 yards ...	No.	80
„ 1st dressing, antiseptic	„	50
„ fast-edged „ 3 inch, 6 yards	„	80
„ loose wove .. 3 „ 6 „	„	80
Splints, arm, woven wire, with pads	pairs	18
„ fore-arm, tinned wire, with pad cases...	„	6
„ „ perforated zinc, with pads ...	„	5
„ leg and ankle, tinned wire, with pad cases	„	2
Splints, leg and ankle, perforated zinc, with pads	„	3
„ long-jointed, with pads...	No.	7
„ thigh, tinned wire, with pad cases ...	pairs	4
„ „ wood shaped, with pads ...	sets	3
„ arm slings, woven wire	No.	4
Pad cases for jointed elbow	sets	2
„ „ fore-arm	„	2
„ „ leg and ankle	pairs	4

Appendix No. 64.

Pad cases for thigh	pairs	2
" " " wood shaped...	sets	2

Compartment 2.

Carbolized tow	lbs.	3
Boric wool	"	½
Cushions for stumps, in waterproof cases ...	No.	6
Dressing tray	"	1
Flannel, for fomentation	yds.	5
Gutta-percha, for splints	pieces	12
Lint, antiseptic	lbs.	16
Linen sheeting	yds.	10
Old linen sheets	No.	6
Plaster, adhesive, 6 inch 6 yards	tins	4
Surgeon's tow	lbs.	8
Haversacks, surgical, and water bottles, complete	No.	12

(See Appendix No. 35.)

The wagon also contains—

Poles, wood, FH { 16 feet .. 1
7 " .. 2

An operating table, with mattress.
A tent.
3 canteens, wood, HP A, B, and C.
2 medical comfort boxes, Nos. 1 and 2.
1 water bucket.

Appendix No. 64.

CONTENTS OF A, B, AND C CANTEENS FOR SURGERY WAGON.

Description.	No.
A.	
Chisels, ripping	2
Cups, drinking, tin { ½-pint	25
Cups, drinking, tin { pint	25
Ladles, iron, tinned, soup..	2
Matches, wax .. .. box	1
Pots, tin, tea, 5 pints	2
Spoons, table, German silver	50
Saucepans, nests of 8 (12 quarts to 1 pint) .. nest	1
Triangles with tubular joints, and chain with hook attached	2
Lamps, hand, small, FH	2
Box A, on rollers, with lock and key, and sunk handles	1
Straps	2
B.	
Blue worsted and thread	..
Basins, hospital canteen, zinc, 9-inch	4
Bottle, tin, oil, square, with sealed top, 2 gallons ..	1
Chisels, ripping	2
Feeder, for oil	1
Hammer, claw, small, 20 oz.	2
Lamps, hand, small, FH	2
Lanterns (bull's-eye), Police	2
Needles, viz., 2 packing, 25 darning (No. 15), and 25 sewing (No. 7), packet	1
Pans, bed, zinc	2
Pots, zinc, chamber	4
Scissors, lamp, with guard .. .. .. pair	1
Stools, close, field service, complete, consisting each of—	
Zinc pan	
Tin lid or covers	
Three legs, tubular iron	2
Triangles	
Ring top	
Urinals, pewter	2
Box B, on rollers, with lock and key, and sunk handles	1
Straps	2

Appendix No. 64.

CONTENTS OF A, B, AND C CANTEENS FOR SURGERY WAGON—*continued.*

Description.	No.
C.	
Towls, hand, hospital pattern	24
Flannel, white, 27 inches wide .. .. .. yards	6
Lanterns, coloured red, HP marquee	2
„ (bull's-eye), Police	6
Flags, FH, white, with red cross, 4 feet square ..	2
Flags, white red cross, triangular directing	4
Filter, silicated carbon in metal case, with two india-rubber tubes and two wood taps	1
Box, on rollers, with lock and key, and sunk handles ..	1
Straps	2

CONTENTS OF MEDICAL COMFORT BOXES.

Description.	No.
No. 1.	
Brandy, bottles containing $\frac{1}{6}$th of a gallon	24
Corkscrew, folding..	1
Box, wood, medical comfort No. 1	1
No. 2.	
Extract of meat (in 1 lb. tins) .. .. .. lbs.	21
„ „ (in $\frac{1}{4}$ lb. jars) .. .. .. „	1
Arrowroot (in tin).. .. .. „	4
Candles, wax or stearine, 6 to the lb. .. .. „	$4\frac{2}{3}$
Knife for opening tins	1
Measures, pewter, set of (quart, pint, $\frac{1}{2}$-pint, $\frac{1}{4}$-pint) ..	1
Mustard (in tin) .. .. oz.	10
Pot, mustard, pewter	1
Pepper (in tin) .. .. lbs.	1
Castor, pepper	1
Salt (in tin) .. .. lbs.	3
Salt-cellar, wood	1
Soap (in tin) .. .. lbs.	4
Solidified soup	6
Sugar, crushed lump (in tin) .. .. .. lbs.	18
Tea, black (in canister) .. .. „	12
Box, wood, medical comfort No. 2	1

APPENDIX No. 65.

(See paragraphs 720, 754.)

CONTENTS OF PANNIER CANTEENS A, B, C, AND D FOR PACK EQUIPMENT.

CANTEEN A.		
Kettles, iron, enamelled		1
Ladles, iron, tinned, soup, ½-pint		2
Pannikins, iron, enamelled, pint, hospital canteen ..		30
Pots, tea, 2-pint, iron, enamelled		2
Saucepans, nests of 8, 1 pint to 12 quarts ..	nests	1
Spoons, table, German silver		50
Weight of pannier, packed, 75 lbs.		
CANTEEN B.		
Combs, horn, hair, 8-inch		2
„ ivory, small-tooth, 3½-inch		2
Feeders, pewter, field hospital		4
Flannel, white, for hospital canteen	yards	6
Linen, old	lbs.	20
Scissors, hair-cutting, 7-inch	pairs	2
Thread, packing, middling	lbs.	1
„ whited-brown	„	1
Towels, hand, hospital		24
Weight of pannier, packed, 75 lbs.		
CANTEEN C.		
Cases, field hospital equipment, tin for matches ..		1
Cans, tin, with reversible spout, oil, 6 lbs.		1
Lamps, hand, small, field hospital		4
„ operating		1
Lanterns, bull's-eye, police		8
„ coloured, marquee, hospital		1
Scissors, lamp, with guard	pairs	1
Waste, cotton	lbs.	6
Weight of pannier, packed, 80 lbs.		

Appendix No. 65.

CONTENTS OF CANTEEN A, B, C, AND D FOR PACK EQUIPMENT—*continued.*

CANTEEN D.	
Brushes, hand, scrubbing..	4
Cans, tin, with reversible spout, oil, 6 lbs.	1
Chisels, ripping	1
Covers, tin, close stool pan, hospital canteen	6
Cups, hospital canteen, zinc, spitting	6
Hammers, claw, 20 oz., small	2
Hooks, bill, handled	1
„ reaping, small	3
Pans, hospital canteen, zinc, close stool..	6*
„ „ „ „ bed	2
Paper, latrine .. .. lbs.	6
Pots, iron, enamelled, chamber	4
Urinals, pewter	2
Weight of pannier, packed, 80 lbs.	

* Wicker frames for these pans are carried separately.

APPENDIX No. 66.

(See paragraphs 720, 754.)

(Compare Boxes in Surgery Wagon, page 425).

CONTENTS OF MEDICAL COMFORT PANNIERS Nos. 1 AND 2 FOR PACK EQUIPMENT.

Description.		No.
Each containing—		
Tea in canister	lbs.	2
Sugar „	„	6
Candles „	„	2
Soap „	„	1¼
Arrowroot in canister	„	1½
Salt „	„	1
Pepper in tin	oz.	8
Mustard „	„	8
Extract meat in ¼ lb. jars or tins	lbs.	6
Solidified soup in 1 lb. tins	„	4
Corkscrew	No.	2
Knives opening meat tins	„	2
Measure, half-pint	„	1
Brandy bottles	„	8
Pannier, wicker, with partitions	„	1

Total weight of each pannier fully packed about 94 lbs.

Appendix No. 67.

(See paragraphs 772, 806, 807, 808.)

Copy of Army Form I 1226.

NOMINAL ROLL of men transferred from No._____ Hospital of_____Division of_____Army Corps, at_____, and passing to the lines of Communication with Base on_____day of_____, 18__.

No.	Corps.	Rank and Name.	Disease or wound.	Date of admission to hospital.	Date of transfer from hospital.	Remarks.*

_____ Medical Officer in charge.

* If a man is left at any stationary hospital on the lines of communication the medical officer in charge of the party will state the name of such hospital and date of transfer opposite the man's name. This form is equally applicable to men transferred from Field or Stationary Hospitals, and passing to the base of operations. (*Vide* Part 2, Section IX, Medical Regulations.

APPENDIX No. 68.

(See paragraph 1247.)

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT.

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
CLASS A.						
Board of Officers, proceedings of; or of Court of Inquiry.	A 2	For all purposes of Medical Boards (except on officers), Examining Boards, and Courts of Inquiry.	President of Board.	Convening Officer ...	Termination of Board.	Section VI, paragraph 125, Queen's Regulations.
Nominal list of wounded in action.	A 6	Return of all wounds and injuries received in action and treated in field hospitals.	Medical Officers in charge of field hospitals.	P.M.O. of division, General Officer Commanding, and Director-General.	As soon as possible after an action.	1217.
Wounds and injuries in action; classified return of.	A 7	Showing wounds and injuries and results of operations.	Ditto.	Surgeon-General of Army Corps.	When called for.	1218, 1219.
Court-Martial, proceedings of; extract from.	A 10	One copy kept at headquarters of corps; another sent to district quartermaster as a voucher.	Officer Commanding detachment through P.M.O.	Staff Officer and District Quartermaster.	When promulgated.	275.
Court-Martial sheet (all arms); extract from.	A 12	Attached to men's personal documents in possession of officer commanding detachment (transfer documents).	Ditto.	Officer Commanding detachment.	On transfer ...	151, 166.

ship.		[illegible]		[illegible] General.		
Female hospital, admissions and deaths in; return of.	A 16	Return and report prepared from admission and discharge book.	Medical Officer in charge.	Director - General through Principal Medical Officer.	By 31st January each year.	606, 1204.
Female hospital, patients treated; return of	A 17	Prepared from admission and discharge books, with list of nurses and servants employed on back.	Ditto.	Ditto.	On 1st of each month.	605, 1191.
Hospitals, admissions and deaths; return of, during epidemics.	A 19	Return from home or abroad during prevalence of epidemic diseases; discontinued after interval of three weeks from occurrence of last case.	Principal Medical Officers	Director-General ...	Weekly during prevalence of disease.	1148.
Return of daily strength of corps for Medical Department.	A 20	To give the average strength of all corps and detachments for the weekly return of sick.	Officers Commanding corps and detachments.	Medical Officer in charge of station hospital.	Not later than 3 p.m. every Friday.	1173.
Marriages and baptisms; extract from registry.	A 22	Used on the transfer of a man from one corps to another.	Officer Commanding corps from which transferred.	Officer Commanding corps to which transferred.	On transfer ...	151, Section XIX, paras. 121, 122, Queen's Regulations.
Medical attendance; nominal list of persons entitled to.	A 23	Nominal roll of persons entitled to medical attendance, not being enlisted soldiers or members of their families.	Officers Commanding and Heads of departments.	Medical Officers doing duty with troops, or private practitioners at contract rates.	On 1st of each month	926, 934, 963, 965.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Route; application for ...	A 25	For local routes to men removing from one station to another in the same district; also for deserters' routes; applied for by P.M.O. (Compare O 1736).	Assistant Quartermaster-General of district.	Principal Medical Officer of district.	When required.	Section XVI, paragraph 19, Queen's Regulations.
Route; receipt for	A 26	Furnished by the military authorities on issue of route.	Officers receiving route.	Assistant Quartermaster - General supplying routes.	When required.	Ditto.
Sick, morning state; and report of death.	A 27	Prepared from admission and discharge books of hospitals.	Medical Officers in charge.	Officer Commanding station, or to P.M.O. if at headquarters, and officers commanding corps in case of death.	Every morning.	72, 505, 509.
Sick, wounded, and deaths (active service); return of.	A 28	Prepared from admission and discharge books of hospitals in the field, general hospital at base, and hospital ships, and consolidated by Principal Medical Officers.	Medical Officers in charge; P.M.O's of divisions, and Surgeon-General of Army Corps.	P.M.O. of divisions, lines of communication and base, Surgeon - General of Army Corps, and General Officers Commanding.	Every day ...	1208, 1209, 1210, 1211, 1212.
Sick, wounded, and deaths (active service); return of.	A 29	Prepared in every hospital in the field.	Medical Officers in charge.	Surgeon-General of Army Corps and Director-General.	Every week, and at termination of campaign.	1214, 1215, 1221.

						Queen's Regulations.
Family of officers requiring accommodation on board ship.	A 15	Issued from headquarters, Medical Department, to officers about to embark on foreign service.	Officers embarking.	Director - General for information of Quartermaster-General.	When called for.	
Female hospital, admissions and deaths in; return of.	A 16	Return and report prepared from admission and discharge book.	Medical Officer in charge.	Director - General through Principal Medical Officer.	By 31st January each year.	606, 1204.
Female hospital, patients treated; return of	A 17	Prepared from admission and discharge books, with list of nurses and servants employed on back.	Ditto.	Ditto.	On 1st of each month.	605, 1191.
Hospitals, admissions and deaths: return of, during epidemics.	A 19	Return from home or abroad during prevalence of epidemic diseases; discontinued after interval of three weeks from occurrence of last case.	Principal Medical Officers	Director-General ...	Weekly during prevalence of disease.	1148.
Return of daily strength of corps for Medical Department.	A 20	To give the average strength of all corps and detachments for the weekly return of sick.	Officers Commanding corps and detachments.	Medical Officer in charge of station hospital.	Not later than 3 p.m. every Friday.	1173.
Marriages and baptisms; extract from registry.	A 22	Used on the transfer of a man from one corps to another.	Officer Commanding corps from which transferred.	Officer Commanding corps to which transferred.	On transfer ...	151, Section XIX, paras. 121, 122, Queen's Regulations.
Medical attendance; nominal list of persons entitled to.	A 23	Nominal roll of persons entitled to medical attendance, not being enlisted soldiers or members of their families.	Officers Commanding and Heads of departments.	Medical Officers doing duty with troops, or private practitioners at contract rates.	On 1st of each month	926, 934, 963, 965.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Route; application for ...	A 25	For local routes to men removing from one station to another in the same district; also for deserters' routes; applied for by P.M.O. (Compare O 1736).	Assistant Quartermaster-General of district.	Principal Medical Officer of district.	When required.	Section XVI, paragraph 19, Queen's Regulations.
Route; receipt for	A 26	Furnished by the military authorities on issue of route.	Officers receiving route.	Assistant Quartermaster - General supplying routes.	When required.	Ditto.
Sick, morning state; and report of death.	A 27	Prepared from admission and discharge books of hospitals.	Medical Officers in charge.	Officer Commanding station, or to P.M.O. if at headquarters, and officers commanding corps in case of death.	Every morning.	72, 505, 509.
Sick, wounded, and deaths (active service); return of.	A 28	Prepared from admission and discharge books of hospitals in the field, general hospital at base, and hospital ships, and consolidated by Principal Medical Officers.	Medical Officers in charge; P.M.O's of divisions, and Surgeon-General of Army Corps.	P.M.O. of divisions, lines of communication and base, Surgeon - General of Army Corps, and General Officers Commanding.	Every day ...	1208, 1209, 1210, 1211, 1212.
Sick, wounded, and deaths (active service); return of.	A 29	Prepared in every hospital in the field.	Medical Officers in charge.	Surgeon-General of Army Corps and Director-General.	Every week, and at termination of	1214, 1215, 1221.

		of each month.	mands.		month.	
Sick, wounded, and deaths (home); return of.	A 31	Prepared from admission and discharge books of all hospitals at home and abroad, except female hospitals and hospitals in the field.	Medical Officer in charge.	(a) Home, to Director - General or P.M.O. of district (as ordered). (b) Abroad, to P.M.O. of command.	Saturday in each week.	1172 to 1189.
Sick, wounded, and deaths (troops serving in district), return of.	A 32	General return prepared by Principal Medical Officers at home and abroad.	Principal Medical Officers of districts and commands.	Director-General ...	(a) Home, 31st March. (b) Abroad, as soon after that date as practicable.	1203.
Sick, wounded, and deaths (in station hospital); return of.	A 33	Prepared by every medical officer in charge of a hospital on 31st December (or on closing a hospital), except female hospitals and hospitals in the field.	Medical Officer in charge.	Principal Medical Officer of district or command.	31st January each year, or on closing a hospital.	1192 to 1199.
Venereal cases admitted in hospital; return of	A 36	Prepared in station hospitals at stations to which the provisions of the Contagious Diseases Act have been applied.	Medical Officer in charge.	Principal Medical Officer for Director-General.	15th of month following end of quarter.	
Births; extract from register of ... ... (abroad)	A 42	For registration	P.M.O. abroad ...	General Officer Commanding.	1st January, 1st July.	Section XXII, paragraph 80, Queen's Regulations.
Marriages; extract from register of ... (abroad)	A 43	Ditto	Ditto ...	Ditto.	Ditto.	Ditto.
Deaths; extract from register of ... ... (abroad)	A 44	Ditto	Ditto ...	Ditto.	Ditto.	Ditto.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Boards (Medical) on officers; proceedings of.	A 45	For Medical Boards, on officers only.	President of Board.	Convening Officer, &c.	On termination of Board.	1240 to 1244.
CLASS B.						
Account book; soldiers' pocket.	B 50	Issued to each recruit gratis ...	Officer Commanding depôt.	To recruit	On enlistment	148, Section VII, paragraph 159, Queen's Regulations.
Account book; soldiers' settlement sheet for	51	To supplement small book (A.B. 50) when filled up.	Officer Commanding detachment.	To soldier	When necessary.	Ditto.
All arms (abroad); return...	B 52	Annual return compiled for Adjutant-General by Staff Officer from returns furnished by all P.M.O's.	Principal Medical Officers.	Staff Officer at headquarters for Adjutant-General.	Annually, as early in January as possible.	Section XXI, paragraph 22, Queen's Regulations.
All arms (at home); return	B 53	Ditto.	Ditto.	Ditto.	Ditto.	Ditto.
Medical Staff Corps; certificate of promotion.	(Late B 54) (unnumbered)	Cash voucher for accounts of sub-accountant.	Staff Officer ...	Principal Medical Officer for Sub-Accountant.	When promotion approved by Director-General.	
Medical Staff Corps; weekly state.	B 58	To report state of corps in detachment, division, or command.	Officer Commanding detachment to P.M.O.	Principal Medical Officer to Staff Officer.	Weekly.	

sirous to continue in the service beyond 21 years.			cer Commanding detachment.			Queen's Regulations.
Medical Staff Corps; return of detachments (with inside sheets when required).	B 62	Prepared monthly by the quartermaster attached to a hospital, or by the wardmaster, for each detachment of the Medical Staff Corps; summarized by Principal Medical Officer; shows employment of men, &c. (accompanies Army Form B 95).	Medical Officer in charge or command.	Principal Medical Officer, who prepares a general return for his district or command, which he forwards to the Director-General for the Staff Officer.	At end of each month.	92, 103, 218, 219, 305,
Medical Staff Corps; tattoo report.	B 63	Used in larger hospitals, bearer companies, &c.	Senior non-commissioned officer.	Officer Commanding detachment.	Daily.	
Character of recruits ...	B 64	For recruits on enlistment	Recruit	To recruiter	On enlistment; attached to attestation.	Compare paragraph 1007.
Return of fraudulently and irregularly enlisted men.	B 90	Includes all fraudulent and irregular enlistments during quarter in district.	Principal Medical Officer.	Director-General for Staff Officer.	End of each quarter.	Section XXI, paragraph 22, Queen's Regulations.
Medical Staff Corps; monthly state (home and abroad).	B 95	Prepared in the same manner as Army Form B 62, which it accompanies, showing age, length of service, &c., of men.	Medical Officer in charge or command.	As in A F. B 62 ...	To accompany B 62.	219, 267, 305.
Attestation, short service; duplicate for recruit.	B 98	Given to recruit on application ...	Recruiting Officer.	Recruit	When asked for by recruit.	
Attestation; receipt for ...	B 100	Forwarded by approving officer with original attestation of a recruit joining the depôt.	Approving Officer.	Officer Commanding depôt who signs and returns.	On recruit joining.	

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Barrack occupation and lodging allowance return; regiments.	B 101	Shows number of N.C.O's and men occupying quarters in barracks.	Officer Commanding detachment.	Commissary - General of barracks.	1st of each month.	
Free kit issue sheet; infantry.	B 109/I	On issue of recruit's kit; a personal and transfer document.	Officer Commanding depôt.	Attached to personal documents.	On issue of kit to recruit.	166.
Cells, provost; return of prisoners in; officers in command.	B 111	Voucher for pay list	Prison authorities.	Officer Commanding detachment for Sub-Accountant.	Quarterly.	
Court of Inquiry; declaration of.	B 115	Kept at headquarters as a record (transfer document).	Officer Commanding through P.M.O.	Director-General for Staff Officer.	With deserters regimental documents.	Section XXII, paragraph 68, Queen's Regulations; and instructions on Army Form B 62.
Court-Martial, regimental; application for.	B 116	Report made by Officer Commanding to Principal Medical Officer, who, if considered necessary, refers the matter to the General Officer Commanding.	Officer Commanding detachment.	Principal Medical Officer.	When thought necessary.	139.
Death; notification of, to relatives.	B 118	Used in all cases of the death of a man when his nearest relatives are not present.	Ditto.	Next-of-kin of deceased.	On death ...	Section XXI, paragraph 39, Queen's Regulations.

Deaths and invalliding; nominal return of.	B 119	For statistical purposes	Officers Commanding regiments and corps.	Medical department, through Under Secretary of State for War.	31st January at home. 31st March abroad.	1200, Section XXI, para. 38, Queen's Regulations.
Defaulter book, regimental; sheets for.	B 120	Blank forms, used as required in divisions or detachments.	...	...	...	166.
Defaulter book, troop, battery, and company; sheets for.	B 121	Ditto.	...	...	...	166.
Fraudulently enlisted man; descriptive return of.	B 123	Used to report fraudulent enlistments.	Officer Commanding detachment.	(a) Officer commanding man's former regiment. (b) Principal Medical Officer for General Officer Commanding.	When required.	Section VI, paragraph 133, Queen's Regulations.
Deserter or absentee; descriptive report of for "Police Gazette."	B 124	Description of deserters with a view to their identification and apprehension.	Ditto.	Editor of "Police Gazette," Great Scotland Yard, London, S.W., and others.	Within five days of absence.	164, Section VI, paragraphs 126, 127, Queen's Regulations.
Detachments; disembarkation return.	B 125	Showing strength of party embarking.	Ditto.	Assistant Quartermaster-General.	On embarkation.	Section XVII, Queen's Regulations.
Detachments; embarkation return.	B 126	Showing strength of party disembarking with casualties during voyage.	Ditto.	Ditto.	On disembarkation.	Ditto.
Discharge; parchment certificate.	B 128	Made out by Officer Commanding and confirmed by General Officer Commanding.	Ditto.	To soldier	On discharge	Section XIX, paragraph 203, Queen's Regulations.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Discharge; return of men proposed for.	B 130	Return of men proposed for discharge for reasons other than at their own request.	Ditto.	Principal Medical Officer.	When required.	155, Section XIX, paragraph 225, Queen's Regulations.
Discharge; return of men recommended for.	B 131	Used by General Officers Commanding on inspecting invalids.	Information partly furnished by Officers Commanding regiments and corps and partly by Medical Department.	General Officer Commanding.	On inspecting invalids found unfit.	1018, Section XIX, Queen's Regulations.
Discharge; service of men applying for.	B 132	Application for discharge by purchase.	Officer Commanding detachment.	Principal Medical Officer.	When required.	Section XIX, paras. 213, 214, Queen's Regulations.
Recruiting poster; Medical Staff Corps.	B 134	Showing advantages of corps.				
Distribution return of troops and sick to accompany sanitary report.	B 136	Prepared quarterly from returns supplied locally (compare C 344).	Principal Medical Officers of districts and commands.	Director-General ...	Quarterly along with sanitary report.	1151.
Drunkenness; scale of fines for,	B 138	Hung up in barrack-rooms and passages.	...	...	...	Section VI, paragraph 50, Queen's Regulations.

Education; return of certificates in possession	B 139	Used only at headquarters of the corps.	Director-General.	Director-General of Military Education.	Annually ...	Section XXI, paragraph 24, Queen's Regulations.
Effects of deceased soldier; inventory of.	B 140	Annexed to pay list by sub-accountant; accompanies non-effective accounts (compare O 1625).	Officer Commanding detachment.	Sub-Accountant for Paymaster of Corps.	As soon after casualty as possible.	Financial Instructions, non-effective estates
Embarkation return (to foreign stations only).	B 143	Prepared in duplicate, showing numbers, &c.	Ditto.	Superintending Officer at port of embarkation.	On embarkation.	Queen's Regulations, Section XVII, para. 6.
Embarkation return (to or from or between foreign stations only).	B 144	Shows numbers, &c., embarking ...	Ditto.	Local Quartermaster-General.	Prior to embarkation.	Section XXI, Queen's Regulations.
Enlistment, fraudulent; report of.	B 154	Used to report a case of fraudulent enlistment if discovered within three months of enlistment.	Officer Commanding.	Secretary of State, Paymaster of corps, and Recruiting Officer who enlisted the man.	On discovery of case.	Financial Instructions, Art. 561, Pay Warrant, 1884.
Families of soldiers; medical certificate for embarkation.	B 155	Health certificate	Officer Commanding detachment.	Superintending Officer at port of embarkation.	On embarkation.	1111.
Fatigue or working party; requisition for.	B 156	Used when men of Medical Staff Corps not available.	Ditto.	Local military authority.	When required.	
Furlough	B 158	Granted by Officer Commanding, subject to approval of Director-General, or in Ireland of Principal Medical Officer there.	Ditto.	Soldier	On proceeding on furlough.	Section XIII, paragraph 42, Queen's Regulations.
Furlough; pass for man on.	B 159	Granted to soldiers unable to rejoin at expiration of furlough.	Nearest military officer or Justice of the Peace.	To soldier, notified to Officer Commanding the man's corps.	On giving the pass.	Section XIII, paragraph 52, Queen's Regulations.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Guard report	B 160	Used at large stations, or with bearer companies, &c., where a guard is detailed for duty.	Non-commissioned officer in command of guard.	Officer Commanding.	Daily on being relieved.	Section VI, para. 33; VIII, para. 29; XXII, para. 58, Queen's Regulations.
Invalids; embarkation return.	B 172	Used for home or foreign stations (except India), either for general or regimental purposes; prepared in duplicate, one for Commanding Officer, one to accompany invalids to Netley.	Officer Commanding and Medical Officer in charge.	Officer Commanding troops on board, and to Netley Hospital.	On embarkation.	1027.
Leave, sick; application for (officers).	B 175	Filled in by a military Medical Officer when produced by officer requiring sick leave.	A military Medical Officer.	Officer requiring leave for Officer Commanding corps.	On application.	1239, Section XIII, para. 4, Queen's Regulations.
Medals and gratuity for long service and good conduct; List for (all arms)	B 176	Recommendations from divisions and commands to headquarters.	Principal Medical Officer.	Director-General for Staff Officer.	Quarterly ...	Section XX, Queen's Regulations.
Medals, new, to replace others lost; soldiers recommended for.	B 177	Ditto.	Ditto.	Ditto.	When necessary.	Ditto.

Medical history sheet ...	B 178	Filled in by approving Medical Officer who passes recruit; afterwards kept up by Medical Officers in charge of hospitals; sent to Director-General when a man dies; accompanies personal documents when man becomes non-effective from other causes.	...	...	...	44, 81, 105, 419, 511, 512, 513, 1005, 1006, 1015, 1018, 1026, 1029, 1054.
Medical history detailed for invaliding.	B 179	Prepared by Medical Officer in charge of case, and verified and countersigned by the Medical Officer in charge.	Medical Officer in charge.	Principal Medical Officer, &c.	When men are brought forward for invaliding.	1015 to 1026.
Medical records of temperature, pulse, &c.	B 181	For use in hospitals.				
Medical sick return of troops on board ship.	B 182	Prepared in duplicate by Medical Officer in charge from admission and discharge book. Separate returns for invalids and healthy troops, &c.	Medical Officer in charge.	Principal Medical Officer at port of disembarkation.	On termination of voyage.	92, 103, 1205, 1206, 1207.
Return of military offenders.	B 191	Description of such men	P.M.O. home and abroad.	Director-General ...	1st of month	G.O. 17 of 1885.
Record of service and attestation sheet; receipt for.	B 198	Used at headquarters of the corps only on transfers of men.	Officer holding original attestation.	Officer receiving who signs and returns.	On transfers to other corps.	Section XXII, paragraph 19, Queen's Regulations.
Record of service of non-commissioned officers and men.	B 200	To convey information connected with a man showing his service, &c., in different ranks.	Officer under whom the man is serving.	Whoever calls for it	When called for.	Section XXII, Queen's Regulations.
Recruit; descriptive return of.	B 203	Used where special authority is required for enlistment of man or boy.	Officer Commanding.	Director-General for Adjutant-General.	When required.	Section XIX, paragraph 22, Queen's Regulations.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Recruit objected to; report on.	B 204	Prepared by officer who objects to a recruit after final medical approval.	Officer in command of district or battalion.	Adjutant-General, Horse Guards.	When objection raised.	997, 1000.
Recruit on enlistment; notice to.	B 205	Contains conditions of service to be answered by recruits.	Recruiting Sergeant.	Recruit	On enlistment.	Section XIX, Queen's Regulations.
Recruit on the way to join regiment or sub-district; notification.	B 206	To notify despatch and arrival of recruit.	Recruiter	Officer Commanding depôt.	When recruits are sent to join.	Section XIX, paragraph 64, Queen's Regulations.
Recruit; pass for	B 216	Given to recruit when passing from one station to another to join.	Recruiter	Recruit	On proceeding to join.	Section XIX, Queen's Regulations.
Service forfeited: men recommended for restoration of.	B 219	Used for men in support of restoration of forfeited service.	Principal Medical Officer.	Director-General for Staff Officer.	As cases arise.	Ditto.
Service, former; recommendation for a soldier to reckon.	B 220	Used for men re-enlisted and entitled to reckon former service.	Principal Medical Officer.	Director-General for Staff Officer.	End of each quarter.	Section XIX, Queen's Regulations.
Service, short; men recommended for extension to 12 years with colours.	B 221	For attachment to attestation after approval.	Ditto.	Ditto.	Before and after approval by General Officer Commanding	159, ditto.

Transfer; descriptive return of a man desirous of.	B 241	For men desirous of transfer to other corps.	Ditto.	Ditto.	As necessary	Ditto.
Will; Form No. 1 ... ... " " 2 ... ... " " 3	B 243 B 244 B 245	Soldiers' wills, Medical Officer to be present, if practicable, at execution of.	...	...	...	Section XIV, Queen's Regulations.
Woman or child; application for admission to hospital.	B 246	Application for admission of woman or child labouring under serious or acute disease.	Medical Officer in charge of case.	Principal Medical Officer.	When admission to hospital considered necessary.	591.
Women and children; ticket for admission into hospital.	B 247	For women and children on married roll coming to hospital.	Commanding Officer and Medical Officer doing duty with troops.	Medical Officer in charge of female hospital.	On admission of case.	594.
Discharge, medical report in; man recommended for.	B 248	Part of a form which is filled in by Medical Officer in charge of man.	Medical Officer in charge.	Officer Commanding corps.	On discharge as an invalid.	1022.
Medical Staff Corps; inspection, return, and confidential report.	B 249	Used at annual inspection of General Officer Commanding.	General Officer or others in command of districts and commands.	Adjutant-General, Horse Guards.	Yearly ...	Section V, paragraph 51, Queen's Regulations.
Transfer documents; extract from register of certificates of education.	B 250	Used on the transfer of a man from one corps to another.	Officer Commanding corps from which transferred.	Officer Commanding corps to which transferred.	On transfer ...	152, Section XIX, paras. 121, 122, Queen's Regulations.
Crime report...	B 252	Used in committing soldiers as prisoners to military custody; after disposal forwarded to P.M.O. (compare O 1601).	Officer committing to military custody.	Officer disposing of crime.	On committal or within 24 hours afterwards.	145, Section VI, paragraph 16, Queen's Regulations.
Prisoners' medical inspection report.	B 254	Used when prisoners are medically inspected.	Officer Commanding to Medical Officer.	Medical Officer to Officer Commanding.	On inspection of prisoners.	75, Section XIV, Queen's Regulations.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Company sick report ...	B 256	Furnished in duplicate by corps sending sick men for examination. Used in all hospitals.	Officer Commanding corps.	Medical Officer doing duty with troops.	Taken with the sick to hospital.	59, 61, 62, 63, 64, 65, 501, 503, 711, Section XIV, Queen's Regulations.
Discharge parchment certificate; for men discharged with ignominy, or as incorrigible, or worthless.	B 264	... ...	Officer Commanding corps.	General Officer Commanding.	...	Section XIX, paragraph 222, Queen's Regulations.
Attestation paper (short service).	B 265	Prepared in duplicate. Original kept at headquarters of corps, duplicate with man's personal documents.	Recruiting Officer.	Staff Officer	On enlistment.	140, 166, 277, Section XXII, paragraph 10, Queen's Regulations.
Attestation paper (long service).	B 267	For boys; prepared and disposed of as in B 265.	Ditto	Ditto	Ditto.	Ditto.
Discharge; proceedings on	B 268	Accompanies other discharge documents.	Officer Commanding detachment through P.M.O.	General Officer Commanding.	When required.	1026, paragraph 192, Section XIX, Queen's Regulations.
Deaths; return of effects and credits and (monthly)	B 273	For deceased officers, warrant officers, non-commissioned officers, and men.	Principal Medical Officer.	Financial Secretary, War Office.	Last day of month.	Financial Instructions, art. 300.

				Officer Commanding.	Foreign service.	Queen's Regulations.
List of documents	B 278	To accompany men's personal documents.	Officer handing over documents.	Officer receiving over documents.	On transfer or discharge.	Section XIX, paragraph 125, Queen's Regulations.
Receipt of documents ...	B 279	Ditto.	Officer handing over for signature of officer receiving.	Officer receiving over, signed and returned.	Ditto.	Ditto.
Minor offence report ...	B 281	For men not taken into military custody; compare B 252.	...	...	...	Section VI, paragraph 33, Queen's Regulations.
Man discharged for misconduct; report of.	B 285	With the view of preventing re-enlistment.	Officer Commanding.	Editor of "Police Gazette," Police Court, Great Scotland Yard, S.W.	On discharge of man.	157, Section XIX, para. 190, Queen's Regulations.
School daily attendance report.	B 291	Used at depôt.				
Soldier's pass	B 295	In granting leave of absence ...	Officer Commanding.	Soldier	On application.	94, 138, 552, Section VII, para. 21, Queen's Regulations.
Statement as to character and particulars of service of prisoner.	B 296	Required as evidence at courts-martial, and attached to proceedings thereof.	Prosecutor.	President of Court ...	On trial; when prisoner found guilty.	Section VI, paragraph 71, Queen's Regulations.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Proceedings of regimental court-martial.	B 297	Originals retained at headquarters of corps, for the time required by law.	Officer Commanding detachment through Principal Medical Officer.	Director-General for Staff Officer.	After promulgation.	275.
Form transmitting discharge certificate.	B 298	Accompanies discharge certificate after signature by confirming authority; becomes a voucher to pay list.	General Officer Commanding.	Through Principal Medical Officer to Officer Commanding detachment.	When discharge document returned by General Officer Commanding.	Section XIX, Queen's Regulations.
CLASS C.						
Education certificate— first class ... ... second ,, ... third ,, ... fourth ,, ...	C 308 C 309 C 310 C 311	Used only at headquarters ...	Director-General.	Forwarded through Principal Medical Officer to Officers Commanding detachments.	When necessary.	Section IX, Queen's Regulations.
Medical Department; casualties and changes in; return of.	C 334	Prepared by Principal Medical Officers at home, showing arrivals and departures of officers, &c.	Principal Medical Officers.	Director-General ...	Weekly at home.	

Medical Department; leave of absence ... (at home)	C 335	Submitted by medical officers requiring leave of absence, and completed if necessary by Principal Medical Officers.	Medical officer applying for leave.	Principal Medical Officer.	In anticipation of the date specified for the commencement of the leave.	1236.
Medical officer; report of Principal on barracks and hospitals.	C 336	Form filled in by Principal Medical Officers on their periodical inspections.	Principal Medical Officers.	Director-General ...	Half-yearly at home, and yearly abroad, unless specially instructed to the contrary.	50.
Medical officers, administrative, report on.	C 337	Annual confidential report	General Officers Commanding.	Military Secretary ...	Annually ...	Section V, paragraph 28, Queen's Regulations.
Medical Staff, arrivals and departures.	(Late C 338)	Showing date of arrival and departure in command; in manuscript.	Principal Medical Officers.	Director-General ...	Annually.	
Medical Staff, Executive officers; report on.	C 339	Confidential report on executive officers.	General Officers Commanding.	Military Secretary ...	Half-yearly ...	Section V, paragraph 28, Queen's Regulations.
Medical Staff; general distribution, return of in districts and commands.	C 340	Prepared by Principal Medical Officers at home and abroad.	Principal Medical Officers.	Director-General ...	Monthly.	23.
Officers, Medical Staff; report on, by Administrative Medical Officers.	C 341	Confidential report on executive officers.	Principal Medical Officers.	Director-General ...	Annual.	
Officers, Medical Staff; report of Orderly Medical Officer.	C 343	Report of occurrences during period on duty.	Medical Officer detailed for orderly duty.	Principal Medical Officer, or Medical Officer in charge.	At end of tour of duty.	131.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Officers, Medical Staff, sanitary report.	C 344	Sanitary report of troops, stations, districts, prisons, &c., at home and abroad (compare B 136).	Medical Officers doing duty with troops; Principal Medical Officers of districts and commands.	Principal Medical Officers. Director-General.	After last Friday of each quarter, or in special cases at end of month.	1149, 1150, 1151.
Memorandum form	C 348	Used for short communications where letter not necessary.				
Commitment to provost prison; on award of imprisonment by Commanding Officer.	C 388	Used when soldier is awarded imprisonment; warrant for his being received into custody, signed by a medical officer.	Officer Commanding.	Officer or non-commissioned officer in charge of provost prison.	On soldier being sent to prison.	Section VI, para. 204, Queen's Regulations.
CLASS D.						
Chelsea pensions; descriptive return.	D 400	For men discharged to pension; accompanies No. 1 report.	Officer Commanding through Principal Medical Officer.	Financial Secretary, War Office.	On confirmation of man's discharge.	Section XIX, Queen's Regulations.
CLASS E.						
Volunteer Medical Officers; certificate of proficiency.	E 564	Granted to Volunteer Medical Officers who pass examination in military hospital and bearer company duties and organization.	Examining Medical Board.	Volunteer Medical Officer.	At conclusion of examination.	*Vide* Volunteer Regulations.
Certificate of proficiency in stretcher bearer drill.	E 596	For men of Militia and Volunteers who pass (compare I 1224).	Instructor and Examiner of class.	Man who passes ...	After inspection of class.	Section XIV, Queen's Regulations.

Volunteer Medical Staff Corps; certificate of efficiency.	E 611	ance, &c., during the year.	Officer Commanding.	Military authorities.	November yearly.	Volunteer Regulations.
CLASS F.						
Fuel and light; hospital issues.	F 725	Prepared by quartermaster or steward, or, in female hospitals, by matron.	Medical Officer in charge.	Commissariat ...	Monthly ...	199, 200, 329, 526, 599, 611.
Fuel, light and straw, &c.; regiments account for issue to.	F 727	Used at depôt or where barrack rooms are occupied.	Officer Commanding.	Ditto ...	Ditto.	
Provision store account; hospital steward's.	F 735	Prepared by steward under supervision of quartermaster or medical officer, or by matron in female hospitals.	Steward	Medical Officer in charge.	Filed as an office record.	208, 319, 570, 610.
Provision store account; field hospital steward's.	F 736	Prepared by quartermaster or steward in field hospitals.	Medical Officer in charge.	Commissariat ...	End of each month.	767.
Provisions, hospitals; statement of.	F 738	Prepared by steward, under supervision of quartermaster or medical officer, and by matron in female hospitals.	Ditto.	Ditto ...	At the close of each month.	208, 210, 320, 518, 522, 576 610.
Provisions, hospitals; daily diets, abstract of.	F 739	Prepared by wardmaster from provision ticket furnished by steward and signed daily by medical officer.	Ditto.	Ditto ...	Ditto.	208, 210, 303, 320, 610.
Rations; account of ...	F 746	Showing number of rations drawn during the month for men of Medical Staff Corps.	Quartermaster or steward through Officer Commanding.	Ditto ...	End of each month.	
Transport; requisition for...	F 755	Used for transport of general stores, &c.	Officer requiring transport.	Ditto ...	When required.	

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Transport; requisition for personal baggage and regimental stores.	F 756	Used for transport of regimental stores and baggage.	Officer requiring transport.	Commissariat ...	When required.	
Requisition for exchange of barrack stores.	F 765	Used when articles require to be exchanged from any cause.	Officer Commanding, who partly fills in.	Commissariat, who completes.	Ditto.	197.
CLASS G.						
Camp equipment; staff officers, &c.; account of stores in charge.	G 973	To account for camp equipment or stores issued at home "on loan."	Officer holding the equipment.	Local Senior Ordnance Store Officer.	When equipment received.	233.
Camp equipment; staff officers, &c.; requisition.	G 974	For demands for camp equipment or stores issued at home "on loan."	Officer preferring demand.	Ordnance Store Department.	When equipment demanded.	233.
Equipment, general; requisition.	G 997	Used when special forms not provided.	Quartermaster for Commanding Officer.			
Furniture and utensils; soldiers' room; inventory of.	G 1005	Hung up in barrack rooms	Commissariat ...	Officer in command or charge.	On receiving over charge.	
Furniture, &c., hospital ward; inventory of.	G 1006	Hung up in wards	Ditto ...	Ditto.	Ditto.	483, 484.
Furniture, &c., officers' room; inventory of.	G 1007	Hung up in officers' quarter ...	Ditto ...	Ditto.	Ditto.	

kitchen; inventory of.						
Hospital stores, field; requisition for.	G 1015	In drawing field hospital equipment for field hospitals and bearer companies.	Quartermaster, approved and signed by Medical Officer in charge or command.	Ordnance Store Department; at home at Royal Arsenal, Woolwich.	When required.	722, 755.
Hospital stores, field; receipt and delivery voucher.	G 1016	Used by officer issuing stores ...	Officer issuing stores.	Officer receiving over stores.	When required.	
Receipt and delivery voucher.	G 1033	Used as a voucher for equipment in possession of a man proceeding from one district to another.	Officer Commanding detachment from which proceeding.	Officer Commanding detachment to which proceeding.	On movement of man.	140, 151, 179.
CLASS H.						
All services; boots, shoes, &c.; requisition for.	H 1100	Prepared by quartermaster for signature of Principal Medical Officer.	Principal Medical Officer.	Director of Clothing, Pimlico.	Annually ...	181 (see Clothing Regulations).
All services; cloaks, greatcoats, &c.; requisition for and proceedings of Board of Survey.	H 1101	Prepared by quartermasters; requisition signed by Principal Medical Officer; Proceedings by members of Board.	Ditto.	Ditto.	Annually or when required.	Ditto.
All services; for time-expired men; requisition for.	H 1103	Requisition for plain clothes for time-expired men.	Ditto.	Ditto.	Ditto.	Ditto.
All services, &c.; issued on payment to N.C.O. and men; return.	H 1104	When clothing issued on payment becomes voucher to Pay List.	Officer Commanding detachment.	Sub - Accountant paying men.	When necessary.	Ditto.
All services except foot guards; requisition for clothing.	H 1107	Prepared by quartermaster for signature of Principal Medical Officer.	Principal Medical Officer.	Director of Clothing, Pimlico.	Annually ...	Ditto.

Description and Use of Army Forms and Books for Medical Department—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
All services; leather gloves, head-dresses, &c.; requisition for.	H 1108	Prepared by quartermaster for signature of Principal Medical Officer.	Principal Medical Officer.	Director of Clothing, Pimlico.	Annually ...	118 (see Clothing Regulations).
All services; materials and garniture (on repayment); requisition for.	H 1110	Ditto.	Ditto.	Ditto.	When required.	Ditto.
All services; necessaries; requisition for.	H 1111	Ditto.	Ditto.	Ditto.	Annually ...	Ditto.
All services; report on clothing worn in regiments or corps.	H 1113	Ditto.	Ditto.	Ditto.	Ditto ...	Ditto.
All services; return of new clothing in store on 31st March.	H 1114	Ditto.	Ditto.	Ditto.	Ditto ...	Ditto.
[illegible]-kit neces-	H 1115	Used only at depôt	Officer Commanding depôt.	Director of Clothing, Pimlico.	Annually ...	(See Clothing Regulations.)
		[illegible] by district quartermaster [illegible] annual supply [illegible] the	Principal Medical Officer.	Officer Commanding detachment.	Ditto.	

Plain clothes; charges for provision of, and for compensation in lieu (Regular Forces).	H 1147	Prepared by the quartermaster, signed by man on discharge; shows compensation in lieu of plain clothes or when suit of clothes is provided locally.	Officer Commanding detachment.	Ditto.	When necessary.	Ditto.
Quartermaster's store of necessaries; requisition on and delivery note (large and small size).	H 1151	Used in depôt	...	...	...	Ditto.
Quartermaster's store of clothing; requisition on and delivery note.	H 1152	Ditto	...	...	...	Ditto.
Survey, Board of, on clothing; extract from proceedings of.	H 1154	Held in district quartermasters' stores annually. (Compare Army Book 106.)	Principal Medical Officer.	Director of Clothing, Pimlico.	On 31st March or as soon afterwards as possible.	Ditto.
Survey, Board of; proceedings of.	H 1156	Ditto. Kept as an office record. (Compare Army Book 106.)	...	...	...	
Transfer clothing statement.	H 1157	Prepared in duplicate, and forwarded with man's personal documents.	Officer Commanding detachment from which proceeded.	Officer Commanding detachment to which proceeding, who signs and returns one copy.	On transfer or other movement.	140, 179.
Infantry; scale of dimensions of tunics and trousers.	H 1160	Kept in quartermasters' stores ...	...	...	...	(See Clothing Regulations.)
Claim from master tailor on account of alteration of clothing.	H 1161	Prepared by master tailor who alters clothing; finally becomes a pay list voucher.	Principal Medical Officer.	Director of Clothing	Annually ...	Ditto.
Allowance for fitting clothing, claim for.	H 1162	Ditto.	Ditto.	Ditto.	Ditto ...	Ditto.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Proceedings of Board on necessaries in store.	H 1165	Prepared by quartermaster, signed by members of Board.	Principal Medical Officer.	Director of Clothing	31st March, or as soon after as possible.	
Board of Survey, proceedings of, on new and part worn clothing (dismounted services).	H 1166	Ditto. (Compare Army Book 106.)	Ditto.	Ditto.	Ditto.	Ditto.
CLASS I.						
Diet sheet, hospital, for diets, drinks, and extras for a patient.	I 1202	In ordering and accounting for all diets, extras, or drinks, issued to patients in hospital, also in field hospitals, troopships, &c. (Compare I 1205.)	Medical Officer in charge.	Principal Medical Officer, and by him to Commissariat.	End of each month, or termination of voyage.	90, 92, 105, 208, 302, 321, 515, 576, 610, 837, 855.
Diet table, hospitals, showing scale and articles.	I 1203	Reprinted from Allowance Regulations, hung up in each ward of a hospital.	...	...	...	343, 844 (Appendix IV).
Diets and extras issued, hospital; return of, in special cases.	I 1204	For diets and extras used in special cases, and to afford explanation for such issues to individuals.	Medical Officer in charge.	Principal Medical Officer.	When called for by Principal Medical Officer.	859.
Diets, extra, wife or child ...	I 1205	Return of extras issued to woman or child; to accompany diet sheets. (Compare I 1202.)	Ditto	Ditto.	At the end of each month.	515.

Medical comforts shipped for the use of troops on board, No. 1; list of.	I 1207	Used when medical comforts placed on board by Commissariat.	Commissariat ...	Master or paymaster of vessel.	On shipment	Regulations for Commissariat and Transport Staff.
Medical comforts shipped for the use of troops on board, No. 2; account of expenditure of.	I 1208	Prepared from record of issues on diet sheets with which it must tally; to be in duplicate.	Medical Officer in charge.	Principal Medical Officer at port of disembarkation by him to Director-General, and by the latter to the Admiralty.	On termination of voyage.	90, 92, 103.
Medical stores; requisition and receipt.	I 1209	Used for intermediate demands for medicines or materials, and when only a few articles are required.	Ditto.	Through Principal Medical Officer to Director - General (except in Ireland or foreign stations).	When necessary.	888.
Medicines, &c.; abstract of tradesmen's bills for.	I 1210	Abstract prepared in duplicate to accompany tradesmen's bills for local purchases.	Principal Medical Officer.	Director-General ...	End of each quarter at home.	905, 908, 909, 901.
Medicines, &c.; detailed issues or receipts; return of.	I 1211	Prepared for Boards of Survey when necessary as an adjunct or addition to Army Form I 1215.	Medical Officer in charge.	Principal Medical Officer for Director-General.	...	890, 918, 919.
Medicines and surgical instruments; proceedings of a Board of Survey on.	I 1212	Form of procedure of a Board of Medical Officers on Medicines, Instruments, &c.	President of Board.	Ditto.	At any time when required.	
Medicines, &c.; requisition for.	I 1213	Prepared in duplicate; at home, half-yearly; abroad, annually. May also be used for intermediate requisitions instead of I 1209, when considerable quantities indented for.	Medical Officer in charge.	Through Principal Medical Officer to Director - General (except in Ireland).	(a) At home: 1st April. 1st October. (b) Abroad: 1st April.	886, 889.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Medicines and instruments; return of (station hospitals, &c.).	I 1214	Return of receipts and expenditure for half-year; also used as a transfer document.	Medical Officer in charge.	Principal Medical Officer, who countersigns and forwards to Director-General (except in Ireland and abroad).	Accompanies half-yearly requisitions at home (Army Form I 1213).	490, 874, 877, 886, 892.
Medicines, &c.; return of (in general stores).	I 1215	Return verified by Board of Survey; used also in transfers between officers in charge of stores.	Officer in charge...	Principal Medical Officer for Director-General.	(a) At home, half-yearly. (b) Abroad, annually.	918, 919.
Provision ticket, hospital ...	I 1218	Prepared in duplicate by steward from daily diet sheets, who sends one copy to the cook and the other to the wardmaster.	Steward	Wardmaster and cook.	Daily	209, 303, 321.
Surgical materials, &c.; requisition for.	I 1219	Prepared in duplicate	Medical Officer in charge.	...	...	875, 876.
Trusses, steel; requisition for.	I 1222	Ditto	Ditto.	...	When required.	879, 880.
Inspection Report of Ambulance Class.	I 1224	Submitted when a class has completed a course (compare E 596).	Instructor through Officer Commanding.	General and Principal Medical Officer of District.	Before inspection of class.	Section XIV, Queen's Regulations.

Medical certificate for use in general hospitals.	I 1225	The means of communication between medical officers and the registrar in regard to the change of disease or the diagnosis of a case.	Medical Officer in charge of a case.	Registrar of hospital	At once, on diagnosis, &c. of a disease.	411, 417.
Nominal roll of sick and wounded transferred from front to base during active service.	I 1226	To accompany men passing from field or stationary hospitals towards the base of operations.	Medical Officer in charge of hospital.	(a) Principal Medical Officer of division or lines of communication. (b) Medical Officer in charge of party.	On men being sent towards base.	664, 772, 806, 807.
Application for extra duty pay for men of the Medical Staff Corps.	I 1228	Used when N.C.O. and men of the corps are employed on duties entitling them to extra duty pay.	Medical Officer in charge.	Through Principal Medical Officer to Director-General.	When employment necessary.	533.
Application for extra duty pay for hospital subordinates not belonging to the Medical Staff Corps.	I 1229	Used when N.C.O. and men of other corps are employed in lieu of, or to supplement Medical Staff Corps (compare O 1645).	Ditto.	Ditto.	Ditto.	92, 103, 531.
CLASS K.						
Barracks and hospitals, construction of each soldier's room in; return of.	K 1251	Showing number of beds allowed in occupation of hospital building and huts, &c. (barrack form).	...	...	...	1071, 1078.
Meteorology, observations on; return.	K 1292	Forming register and return of meteorological observations.	Principal or Senior Medical Officer.	Director-General ...	First week of every month.	1160, 1165.
Repairs from fair wear and tear; requisition for, with estimates by Engineer Department, 1 and 2, inside sheets.	K 1307	Filled in by quartermaster or steward, completed by Royal Engineers.	Officer Commanding.	Royal Engineer Department.	Quarterly ...	194.
Repairs from fair wear and tear; requisition for, with estimates by Engineer Department, 1 and 2, inside sheets.	K 1308	Ditto.	Ditto.	Ditto.	Ditto ...	194.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Repairs, immediate and urgent; requisition for.	K 1309	Filled in by quartermaster or steward, completed by Royal Engineers.	Officer Commanding.	Royal Engineer Department.	When required.	194, 399.
CLASS L.						
Army Forms; supplementary requisition for.	L 1350	Requisition for supplementary supply of Army Forms.	(*a*) Medical Officer in charge. (*b*) Principal Medical Officer.	(*a*) Principal Medical Officer. (*b*) War Office.	When required at intermediate periods.	54, 536, 1246.
Army Forms, Medical Department; requisition for.	L 1355	Requisition for annual supply of Army Forms; also used as a transfer document.	Ditto.	Ditto.	Annually ...	54, 490, 536, 635, 1246.
Bibles, Prayer Books, &c., requisition for.	L 1367	Used chiefly at depôt.				
Books or maps on payment; application for.	L 1372	Made by any officer or non-commissioned officer on depositing money for same with paymaster.				
Latrine paper; requisition for.	L 1375	... ...	Officer Commanding.	Commissariat ...	Annual, or when required.	

School materials, &c.; requisition for — annual, abroad; half-yearly, at home.	L 1377	Used at depôt.				
Stationery; requisition for	L 1378	For annual requisitions; also as a transfer document.	(a) Medical Officer in charge. (b) Principal Medical Officer.	(a) Principal Medical Officer. (b) War Office.	Annually ...	54, 490, 536, 635, 1245.
Stationery, supplementary; requisition for.	L 1381	Intermediate requisitions	Ditto.	Ditto.	When required intermediately.	54, 536, 635, 1246.
Army books; requisition for.	L 1383	For Army Books by P.M.O. only ...	Principal Medical Officers.	War Office	Annually and intermediately	54, 536, 635, 1245, 1246.
CLASS N.						
Abstract of examination of accounts (with inside sheet).	N 1450	Used between paymasters and sub-accountants.	(a) Paymaster ... (b) War Office.	(a) Sub-Accountant (b) Paymaster.	When required.	
Medical Staff Corps, detachment; pay sheet and acquittance roll of.	N 1457	Used by sub-accountant paying the men, showing weekly pay, balances at end of month, signed by men at end of month; kept as an office record.	Quartermaster acting as Sub-Accountant.	...	...	166, Special for corps (compare Section XXII, paragraph 1 (b), Queen's Regulations).
Medical Staff Corps pay list (home).	N 1458	Used only by paymaster of corps in London.				
Battery, troop, or company pay list.	N 1469	Prepared by sub-accountant at home.	Sub-Accountant ...	Paymaster of corps...	Monthly, due on 4th.	176, Section XXII, Queen's Regulations.
Battery, troop, or company pay list (inside sheets).	N 1469	Compare N 1476.				

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Day book and ledger; combined sheets of.	N 1475	Transfer document to show state of man's accounts (compare A.B. 142).	Sub-Accountant, through Officer Commanding.	Officer Commanding, for Sub-Accountant.	...	Section XIX, paragraph 121, Queen's Regulations.
Departmental corps abroad; pay list ...	N 1476	Rendered quarterly by sub-accountants abroad to district paymaster (compare N 1469).	Sub-Accountant abroad.	District Paymaster abroad.	Quarterly ...	Ditto.
Muster Roll, Adjutant's (1080 names A) (504 ,, B) (216 ,, C)	N 1497	Kept at headquarters, showing alphabetically the names of all men in the corps, &c.				
Paymaster's observations on pay list.	N 1503	Used by paymaster in London; queries on pay list.	Paymaster in London.	Sub-Accountants at home.	Monthly.	
Paymaster's observations on pay list (inside sheets).	N 1503					
Queries and observations on accounts (with inside sheet).	N 1509	Ditto.	Ditto.	Ditto.	Ditto.	
Savings Bank, regimental; general abstract of (Form No. 5).	N 1515	Shows deposits, withdrawals, and transfers of gratuities only.	Sub-Accountant, through Principal Medical Officer.	Paymaster of corps at home; District Paymasters abroad.	Annual ...	Military Savings Bank Regulations, A.C. 1st March, 1883.
Savings Bank ledger sheet	N 1516	Transcript from ledger showing balances.	Ditto.	Ditto.	Ditto ...	Ditto.

Savings Bank ledger cover	N 1517	Cover for accounts	Ditto.	Ditto.	Ditto ...	Ditto.
Settlement of accounts, troop, battery, or company: certificate of (monthly).	N 1519	Shows deposits, withdrawals, and transfers other than gratuities.	Ditto.	Ditto.	Ditto ...	Ditto.
CLASS O.						
List of casualties affecting departmental pay.	O 1601	Showing casualties affecting departmental pay of non-commissioned officers and men, used as a voucher for pay list (compare B 252).	Medical Officer in charge.	Principal Medical Officer who passes to district quartermaster paying the men.	At the end of each month.	534.
Conveyance of sick soldiers; voucher for.	O 1615	Used when men are conveyed in hired vehicles.	Officer authorizing carriage.	Sub-Accountant ...	When necessary.	
Deferred pay individual statement of.	O 1616	Prepared by Officer Commanding detachment, when man discharged, or non-commissioned officer promoted to warrant rank.	Officer Commanding.	Ditto ...	Ditto.	Articles 642 to 653, Pay Warrant.
Discharged soldiers and their families; allowances to.	O 1622	Prepared by sub-accountant, signed by Commanding Officer when men discharged.	Ditto.	Ditto ...	Ditto.	
Drunkeness; return of fines for.	O 1624	Prepared by officer inflicting the fine.	Ditto.	Ditto ...	Monthly ...	Section VI, paragraph 52, Queen's Regulations.
Effects of a non-effective soldier; statement of.	O 1625	The non-effective account (compare B 140).	Ditto.	Ditto ...	When required.	Financial Instructions, non-effective estates

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Good conduct pay forfeiture; return of.	O 1632	When awarded punishment involving forfeiture of badge.	Officer Commanding.	Sub-Accountant ...	When good conduct pay forfeited.	Article 927, Pay Warrant; Section XIX, Queen's Regulations.
Guard-room; return of soldiers confined.	O 1634	For men confined in guard-room awaiting trial or disposal.	Ditto.	Ditto ...	When necessary.	
Hospital stoppages; account of { whole sheet, half ,, , quarter ,, }	O 1643	Prepared by quartermaster or chief wardmaster from admission and discharge book, for each corps separately.	Medical Officer in charge.	Paymaster, or officer acting as Paymaster of the corps concerned.	At end of each month.	211, 304, 516, 517, 518, 519, 520, 522.
Hospitals; departmental and extra-duty pay to servants employed.	O 1645	Claims for extra-duty pay to hospital subordinates not belonging to the Medical Staff Corps employed in hospitals or on board ship (compare I 1229).	Ditto.	Principal Medical Officer and district Paymaster.	Monthly, or on the termination of a voyage.	92, 96, 97, 103, 532.
Last pay certificate; original and copy.	O 1660	For officers only, furnished by paymaster or agents.	Paymaster on officer leaving district or command.	Officer who hands it to new Paymaster or agent.	On leaving district or command in which paid.	
Medical attendance; private medical practitioner's claim (contract rates).	O 1666	Supplied to private medical practitioners on which to prefer claims for attendance on all persons, set forth on Army Form A 23, with which they are also furnished by Officers Commanding.	Medical practitioner employed.	Officer Commanding to certify, then to War Office; P.M.O. abroad also certifies.	At end of each quarter, or on the termination of the service.	964, 965, 966.

Medical attendance; private medical practitioner's claim (not at contract rates).	O 1667	Supplied by Officer Commanding to private medical practitioners performing services not at contract rates.	Ditto.	Ditto.	Ditto.	965, 966.
Mess certificate of officer provided with passage on board ship.	O 1669	Furnished by officer superintending embarkation to officer commanding troops on board, or master of ship.	Master or Paymaster.	Officer provided with passage.	Signed by the officer on leaving the ship.	Section XVII, para. 19, Queen's Regulations.
Messing and rations on board ship; return of.	O 1671	Ditto.	Officer Commanding the troops.	Master or Paymaster.	At termination of voyage	Ditto.
Mulct pay; return of ...	O 1675	Showing names and dates of men deprived of pay.	Sub-Accountant ...	Paymaster	Monthly ...	149.
Pay and allowances, staff and departmental officers (with inside sheets).	O 1679	Prepared by Principal Medical Officers of districts or commands.	Principal Medical Officers.	Paymaster or agents.	Ditto.	
Prisons, civil; return of soldiers confined in for military offences.	O 1712	Is a voucher for the stoppage of the man's pay.	Officers Commanding.	Sub-Accountant ...	Monthly, or when necessary.	149.
Return of soldiers imprisoned (regimental).	O 1714	Ditto.	Ditto.	Ditto ...	Ditto.	149.
Re-engagement schedule on renewal of service to complete 21 years.	O 1724	Original attached to attestation, duplicate to duplicate attestation (transfer document).	Principal Medical Officer sends original.	Staff Officer receives original.	When re-engagement approved.	Section XIX, paragraph 121, Queen's Regulations.
Remittance receipt (voucher), (soldiers.)	O 1726	Used for remittances of men to families.	Officer to whom payment is made.	To remitter... ...	When money received.	

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Route district	O 1736	For men moving within a district (compare A 25).	General Officer Commanding.	Principal Medical Officer.	When required.	Section XVI, Queen's Regulations.
Savings Banks (Form No. 2) deposits and withdrawals	O 1743	Statement showing deposits and withdrawals (compare O 1746–7).	Sub - Accountant through P.M.O.	Paymaster of corps at home; District Paymaster abroad.	Monthly ...	Military Savings Bank Regulations, A.C. 1st March, 1883.
Savings Banks (Form No. 3) deposits and withdrawals, account of.	O 1745	Summary of O 1743	Ditto.	Ditto.	Ditto ...	
Savings Banks (Form No. 6) deposits; statement of.	O 1746	Summary of monthly return O 1743	Ditto.	Ditto.	Yearly ...	
Savings Banks (Form No. 7) withdrawals; statement of	O 1747	Ditto.	Ditto.	Ditto.	Ditto ...	Military Savings Bank Regulations, A.C., 1st March, 1883.
Savings Banks (Form No. 11), withdrawals through death, lunacy, or desertion; statement.	O 1750	Shows credits to public through death, desertion, or lunacy of depositors.	Ditto.	Ditto.	Ditto ...	

Savings Banks (Form No. 13); certificates of balance for the paymaster at Netley.	O 1752	Shows balance due to a man in regimental ledger.	Ditto.	Paymaster at Netley.	When called for.	Military Savings Bank Regulations, A.C. 1st March, 1883.
Savings Banks, interest on deposits; table of.	O 1753	Used for calculation.				
Savings Banks; transfer statement, Form A (ordinary balance).	O 1754	Transfer document	Sub-Accountant ...	Sub-Accountant ...	On transfer ...	Section XIX, paragraph 121, Queen's Regulations, and Military Savings Bank Regulations.
Savings Banks; transfer statement, Form C (gratuity balance).	O 1755	Ditto.	Ditto ...	Ditto ...	Ditto ...	
Schools, civil elementary; return of children of soldiers attending.	O 1760	Return of school fees payable to parents of children.	Officer Commanding.	Paymaster of corps or command.	Quarterly ...	Section IX, Queen's Regulations.
Seamen, marines, and naval artificers; sick and wounded in hospital.	O 1761	Attached to Army Form F 738 when officers or men of the navy are treated in military hospitals; also sent to Admiralty.	Medical Officer in charge.	(a) Commissariat monthly. (b) Director-General Naval Medical Department quarterly, through Principal Medical Officer.	Monthly and quarterly.	523, 524.
Separation allowance to families of soldiers.	O 1762	Account of sums paid to families of soldiers serving abroad, when unavoidably separated.	Paymaster of corps.	War Office	Quarterly.	
Servants' allowance; departmental officers' (home).	O 1763	Prepared by the officer or his agents.	Officer claiming allowance.	Paymaster or agents.	Monthly ...	Army Regulations Allowance, Vol. I. Regulations, Part III, Section XV.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Transfer (No. 1) report; original and duplicate.	O 1770	Shows date to which man has been paid, and to which ration or ration allowance has been issued, also advances to men embarking on foreign service; and rate of departmental pay, good conduct pay, &c.	Sub-Accountant of district from which proceeding, through Officers Commanding.	Officer Commanding to Sub-Accountant of district to which proceeding.	On transfer or other movement of men.	140, 151, 179. Section XIX, Queen's Regulations.
Travelling expenses; claim for.	O 1771	Prepared at termination of travelling service on which ordered; every item disbursed shown separately, including detention allowance; Army Form O 1799 is attached as authority.	Officer performing travelling duty.	Officer Commanding or Head of Department for signature, who returns, then to paymaster or agent.	At termination of duty.	Allowance Regulations (Army Regulations, Vol. I).
Wives and children of soldiers; conveyance allowance.	O 1776	Voucher in support of expense incurred in sending families to their homes on embarkation of soldier.	Officer Commanding.	Sub-Accountant ...	When necessary.	Ditto.
Men in hospital on account of offences committed by them; return of by Medical Officers.	O 1795	Prepared (if concurred in) by the Medical Officer, after an offence has been brought home to a patient for which he had been treated in hospital.	Medical Officer in charge.	Officer Commanding corps or detachment.	Only when called for by Officer Commanding, and if Medical Officer is prepared to certify.	521, paragraph 48, Section VI, Queen's Regulations.

Allotments of pay issuable to families of soldiers going on active service.	O 1796	Rendered for the purpose indicated; agreement signed by man.	Officer Commanding.	Paymaster of Corps.	Before proceeding abroad.	
Order for journey of officer when not proceeding with troops under route.	O 1799	Issued by Principal Medical Officer to officers, before proceeding on journey shown to booking clerk on demand of ticket; finally attached to O 1771.	Principal Medical Officers.	Officers ordered on journey.	When required.	Allowance Regulations, Section XI.
Officers' claim for railway ticket at three-fourths of the ordinary fare.	O 1800	Issued with O 1799, filled up by officer, produced to booking clerk at railway stations, who retains it.	Ditto.	Ditto.	Ditto.	Ditto.
Married roll (with inside sheets).	O 1802	Shows number, &c., on the married establishment.	Officers Commanding divisions of corps at home and detachments abroad.	Director-General for Staff Officer.	Quarterly.	
CLASS P.						
Accoutrements, allowance for repair of; receipt for	P 1900	Used when necessary by district quartermaster, and at depôt.				
Baggage, conveyance of; detailed statement of; infantry (home).	P 1905	For recovery of sums paid for carriage of baggage; forms voucher to Pay List.	Officer Commanding.	Sub-Accountant ...	When necessary.	Allowance Regulations.
Barrack accommodation; claim for allowance in lieu (home).	P 1906	Claim for lodging money for, warrant, non-commissioned officers and men, when not provided with quarters (compare P 1928).	Ditto.	Ditto ...	Monthly ...	Ditto.
Carriage of stores; account of disbursements for.	P 1911	Voucher for payment of carriage of stores, or parcels, by railway or carrier, prepared by sub-accountant.	Officer Commanding, who certifies as being on public service.	Sub-Accountant who consolidates bills on the form, finally to paymaster.	When necessary.	

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Clothing, compensation in lieu of; return of.	P 1917	Prepared by quartermaster, signed by men claiming compensation; a transfer document.	Officer Commanding.	Director of Clothing, Pimlico.	Annually or bi-annually.	151, Clothing Regulations, para. 121, Section XIX, Queen's Regulations.
Clothing, making up; voucher for, cavalry, infantry, and M.S.C.	P 1918	Used when clothing issued in material to recover amount charged for making up.	Ditto.	Ditto.	Ditto.	Clothing Regulations.
Clothing, marking; charges for.	P 1919	Prepared by person who marks, signed by quartermaster (compare P 1962).	Ditto.	Ditto.	Ditto.	Ditto.
Commuted allowance for fuel, light, and paillasse straw; charges for.	P 1921	Prepared when men are in lodgings and receiving allowance in lieu.	Officer Commanding.	Sub-Accountant ...	Monthly ...	Allowance Regulations.
Damages, barrack (builings); voucher for sums paid by regiments for (inside sheets). (whole sheet) (half sheet)	P 1923	Prepared by Commissariat for signature of medical officer in charge and return.	...	...	...	491.
Expense voucher; general services.	P 1925	Used for amounts charged for loss or deficiencies of arms or personal equipment on transfer, or when occasion arises.	Officer Commanding.	(a) Officer taking over on transfer. (b) Sub-Accountant on all occasions.	When necessary.	Cl. 99, A.C. 1884, amending Equipment Regulations.

Forage and fuel and light allowance, staff and departmental officers; account.	P 1927	Preferred either by individual officers or for the officers of a station, certified to by Principal Medical Officer and Commissariat Officer in charge of supplies.	Officers preferring claims, or by Principal Medical Officer.	Staff Paymaster or pay agents.	At the end of each month.	Allowance Regulations.
Fuel and light claim for money allowance in lieu.	P 1928	Used when fuel and light not issued in kind (compare P 1906).	Officer Commanding.	Sub-Accountant ...	Monthly ...	Ditto.
Lodging allowance, staff and departmental officers; account.	P 1936	Prepared either for individual officers or for the officers of a station, certified by Principal Medical Officer and officer barrack department.	Officers preferring claims, or by Principal Medical Officer.	Staff Paymaster or pay agents.	At the end of each month.	Ditto.
Offices, cleaning; claim for allowance for (staff and departmental).	P 1939	Used where allowed	Head of office ...	District Paymaster...	...	Paras. 853, 854, 855, Allowance Regulations.
Postage, telegrams, parcels, &c.; certificate in support of payments for.	P 1940	Voucher to cover cost of service as disbursed (compare Army Book 97, from which abstract is prepared).	Officer Commanding.	District Paymaster	Monthly ...	1233.
Ration allowance; voucher for.	P 1948	Where allowance in lieu of rations is issued; supplied by Commissariat.	Ditto.	Sub-Accountant ...	Monthly, or when required.	
Rations and stoppages; voucher for.	P 1949	Voucher to pay lists of sub-accountant, showing rations drawn at each station.	Commissariat to Officer Commanding detachment, for Sub-Accountant.	Paymaster of corps	Monthly ...	Commissariat Regulations.
Ration, bread and meat; return of men drawing who are not in pay.	P 1950	Used when men are attached to other corps or districts for rations, but not for pay.	Quartermaster drawing the man's rations.	Sub-Accountant in whose pay the men are.	Ditto ...	Ditto.
Stoppages for articles of clothing and free kits lost, &c.; return of.	P 1954	Prepared by sub-accountant. Return of men placed under stoppages for articles lost or made away with.	Officer Commanding.	Sub-Accountant for Paymaster.	Ditto.	

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Stores; lost, damaged, or destroyed, in barracks and hospitals; report of inspection. (whole sheet) (half sheet)	P 1956	Prepared by Commissariat for signature of Officer Commanding.	...	...	After quarterly or other inspections.	
Charge for marking clothing and necessaries.	P 1962	Voucher for payment to marker ...	Marker	Sub-Accountant ...	When necessary.	Clothing Regulations.
Men placed under stoppages for articles of public property (except clothing) lost or destroyed; return.	P 1963	Prepared by sub-accountant (compare P 1954).	Officer Commanding.	Sub-Accountant for Paymaster.	Monthly.	
ARMY BOOKS.						
Hospital ready-reckoner; scale of diets.	9	On charge in station hospitals for use of steward and cook.	...	...	...	46.
Education certificates; register of.	13	Used only at the headquarters of the corps.	Staff Officer ...	...	...	277, Section XXII, para. 1, Queen's Regulations.
Ready-reckoner; field rations.	14	On charge in field hospitals, stationary hospitals, and bearer companies.				

Guard-book, foolscap ...	22	For filing documents	...	...	...	166.
" " ...	22A					
" to hold demy...	23					
" " " with index...	23A					
" medium ...	24					
Hospital; admissions and discharges.	27	Used in all hospitals during peace and war; kept up by wardmaster under supervision of the medical officer in charge, and in general hospitals by the registrar and his clerical staff.	...		...	92, 105, 302, 411, 412, 413, 414, 415, 418, 422, 510, 770, 1186, 1187.
Vaccination and small-pox register.	28	Kept wherever vaccination is carried on, and in station hospitals. A separate register is kept for the vaccination of the militia.	...	...	...	539, 636, 1049, 1050, 1056, 1066.
Vaccination and small-pox register (women and children.	28A					
Hospital requisition book (blank) for general purposes.	30	Used for all purposes of requisition, where a specific book or form is not employed.	Officer or non-commissioned officer.	Department or contractor.	When necessary.	
Medical prescription book...	33	Used for medicine chests and field panniers, and in hospitals where a store of medicine exists distinct from surgery.	...	...	...	897.
Hospital station; servants employed in, register of.	34	Used as a reference book.				
Hospital prescription book, ward book, or sanitary diary.	39	Used in all hospitals as a prescription book and sanitary diary; also by medical officers doing duty with troops in quarters, in the field, and on troopships.	...	...	...	79, 92, 116, 345, 432, 707, 711, 1152.
Hospital check book for patients' personal equipment.	42	Used in transactions between steward and wardmaster.	Wardmaster ...	Steward	On admission of a patient.	487.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Recruits, register of ...	46	Kept by all medical officers engaged on recruiting duties; separate registers kept for the Regular and for the Auxiliary Forces.	...	...	...	1002.
Messing book	48	For corps or detachment purposes; retained as an office record.	Kept up by quartermaster or steward.	Officer Commanding.	Monthly ...	166, 217, 333.
Hospital requisition book, No. 4 for cleaning articles.	49	Used in requisitions for cleaning articles only; forms voucher to Army Form F 738.	Medical Officer in charge.	Commissariat ...	Ditto.	207, 325, 525, 583, 611.
Personal charge book ...	51	Kept by quartermaster or steward under the supervision of the medical officer in charge.	Ditto.	Officers Commanding corps or detachments.	Personal charges sent in as damages occur.	197, 198, 199, 226, 307, 332.
Bedding Book	54	Used in transactions between steward and wardmaster.	Steward to Wardmaster.	Wardmaster to steward.	When required.	487.
Receipt book; district paymaster.	57	Used for all purposes by sub-accountants where receipts for any payment are required.				
Account book, general; paymasters' (War Office and sub-account).	59	Used by paymaster of corps.	Paymaster.			
Index, general	72	Used at headquarters.				

Passage warrants (100 warrants in a book) Railway warrants (100 warrants in a book).	74 73	Issued to sub-accountants or others dealing with warrants.	Sub-Accountants...	To men or to parties.	When proceeding on journey.	Sections XVI and XVII, Queen's Regulations.
School attendance of adults; register of, with index.	77	Used at depôt	Officer Commanding.	...	...	Section IX, Queen's Regulations.
School register for adults; regiments, with index.	78	Ditto	Ditto.	...	...	Ditto.
School register for children; regiments, including infants and industrial schools, with index.	79	Ditto	Ditto.	...	...	Ditto.
Savings' Bank ledger; battery or company.	80	Used by sub-accountant at headquarters of divisions of corps.	Sub-Accountant, as an office record.	...	...	166, 277.
Visitors' minute book; regimental schools.	81	Used at depôt	Officer Commanding.			
Order book, permanent; regimental.	82	Used at headquarters of corps, divisions, detachments abroad, and at depôt.	Ditto.	...	..	166, 277.
Officers' services; record of	83	Used at headquarters as a record of service of quartermasters.	Staff Officer ...	...	...	277.
Furloughs; register of ...	86	Used at headquarters	Ditto ...	...	...	277.
Deserters; register of ...	87	Kept in every division as an office record.	Principal Medical Officer.	...	...	166.
Marriages and baptisms; register of.	91	Used at headquarters	Staff Officer ...	...	...	277.
Postage book	97	For all services (compare P 1940) ...	P.M.O., Officer Commanding, and District Quartermaster.	...	...	166, 1233.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Boards of Survey on clothing; record of (regiments).	106	Kept at headquarters of districts by district quartermaster as an office record (compare H 1154, 1156, 1166).	District Quartermaster.	...	...	Clothing Regulations.
Rations of bread, meat, and groceries; quartermasters' daily account of.	109	Used at depôt	...	...	...	Commissariat Regulations.
Births; register of (abroad)	112	For use abroad, at headquarters of detachments of the corps (compare Army Form A 42, &c.).	Principal Medical Officer.	...	...	166, Section XXII, para. 80, Queen's Regulations.
Marriages; register of (abroad).	113	Ditto.	Ditto.	...	...	Ditto.
Deaths; register of (abroad)	114	Ditto.	Ditto.	...	...	Ditto.
Plain ruled demy, 6 quires, with index.	120	For general use.				
Plain ruled demy, 4 quires, with index.	122	Ditto.				
Plain ruled demy, 2 quires.	124	Ditto.				
Plain ruled foolscap, 6 quires, with index.	125	Ditto.				

Inventory of hospital stores.	126	Inventory on which hospital equipment is held (duplicate).	Commissariat Officer in charge of barracks.	Medical Officer in charge of hospital.	On taking over charge.	484, 491, 492.
Plain ruled foolscap, 4 quires, with index.	127	For general use, letter book of detachments.				
Plain ruled foolscap, 2 quires.	129	For general use, letter book.				
Plain ruled quarto post, with index.	130	Ditto.				
Plain ruled quarto post, without index.	131	Ditto.				
Plain ruled quarto post, 2 quires.	134	Ditto.				
Plain ruled quarto post, 1 quire.	135	Ditto.				
Plain ruled octavo; memorandum, 1 quire.	136	Ditto.				
Day and order book; company.	137	Used in all detachments in which the Commanding Officer's orders are entered and promulgated.	Officer Commanding.	...	...	166.
Plain demy octavo, oblong, clasped, orderly, 2 quires.	138	For general use.				
Plain foolscap, 1 quire ...	141	Ditto.				
Day book and ledger combined; company.	142	Used in divisions of the corps kept by district quartermaster (compare N 1475).	Principal Medical Officer.	Office record ..	...	166.
Casualty book; regimental	156	Used at headquarters	Staff Officer ...	...	...	277.
Extracts of Courts-Martial; register of	160	Used at headquarters	Ditto.			

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Specification labels (in red cover, with pencil) for wounded soldiers.	166	Used in field by medical officers attached to corps and bearer companies.	...	...	...	746.
Store ledger; medical ...	167	Used in General Medical Stores ...	Storekeeper ...	Principal Medical Officer and Boards of Survey.	When required.	42, 818, 912, 913.
Stores, medical; register of	168	Used in General Medical Stores, and at the advanced depôt of medical stores in the field.	Ditto ...	Ditto.	Ditto.	Ditto.
Stores, ledger; surgical ...	169	Used in General Medical Stores ...	Ditto ...	Ditto.	Ditto.	42, 790, 818, 912, 913.
Medical certificate book ...	172	Used in all cases where a patient is transferred from one hospital to another.	Medical Officer in charge of hospital from which transferred.	Medical Officer in charge of hospital to which transferred.	To accompany patient at time of transfer.	92, 102, 105, 546, 772, 806.
Hospital bedding and clothing; account and washing book.	175	Kept by the Commissariat	...	...	...	495.
Hospital pack-store check book.	182	Kept by non-commissioned officer or private in charge of pack store of a hospital; the duplicate pack store lists are transferred when the patients are transferred.	Pack storekeeper	Wardmaster... ...	On admission of patient.	348, 349, 350, 352, 353, 354, 748, 749, 769, 805, 806, 807, 808.

Medical cases (250 pages) ...	187	Used in all hospitals by medical officers in charge of patients.	...	...	...	44, 92, 105, 117, 421, 606, 857, 860.
Medical requisition book; No. 1, for bread, meat and vegetables.	188	Used in all hospitals	Steward	Commissariat or on contractors.	Daily, or as required.	205, 314, 317, 574, 610.
Medical requisition book; No. 2, for groceries.	189					
Medical requisition book; No. 3, for wines, &c.	190					
Letters received; register of (districts only).	193	Used at headquarters of districts ...	Principal Medical Officers.	...	...	166, 1233.
Hospital linen, &c., check book.	200	Used, if required, by steward in exchanging dirty bedding, linen and clothing with Commissariat Department for clean articles.	Steward	Commissariat ...	Handed, if required, to Commissariat Department at time of exchange.	495, 331.
Letter book for copying-press, foolscap size, 1,000 leaves, with index.	213	Used at headquarters, and in offices where sanctioned.				
Portfolio for attestations ...	234	Used at headquarters and at detachments for holding attestations.	...	...	...	166, 277.
Hospital; pass book for friends to visit patients in.	235	Used in all hospitals; passes signed by medical officer in charge.	...	...	...	551.
Equipment ledger (infantry).	239 239A	Used in accounting for the equipment of men of the corps; kept by district quartermaster.	Principal Medical Officer.	Commissary-General of Ordnance, Woolwich.	Annually and on transfers.	166, 181, 292.
Hospital, field; equipment ledger.	248	Used for field hospitals, stationary hospitals, and bearer companies, prepared and kept by quartermaster; shows camp equipment, &c.	Officer Commanding bearer company or hospital.	Senior Ordnance Store Officer.	On conclusion of campaign, or oftener if required.	232, 767.

DESCRIPTION AND USE OF ARMY FORMS AND BOOKS FOR MEDICAL DEPARTMENT—*continued.*

Subject of Form.	No.	Use.	By whom Rendered.	To whom Rendered.	When Rendered.	Reference to paragraph in Medical Regulations, and to other Regulations.
Men transferred to Army Reserve; nominal and descriptive list, 4 quires.	249	Used at headquarters...	Staff Officer ...	...	...	277.
Ledger for new clothing, &c.	274	Kept by district quartermaster under Principal Medical Officer.	Principal Medical Officer.	...	...	180, Clothing Regulations, Section XIII.
Ledger for part-worn clothing.	276	Ditto.	Ditto.	...	...	Ditto.
Ledger for necessaries ...	277	Ditto.	Ditto.	...	...	Ditto.
Clothing, regimental, and sea kit necessaries, account ... ... (large) (small)	287 288	Large used at depôt, small (for 250 names) used by district quartermaster.	Officer Commanding depôt, Principal Medical Officers of districts.	Director of Clothing.	Annually or on transfers.	166, 180, 292.

APPENDIX No. 69.

MEDICAL AND SURGICAL EQUIPMENT FOR AN ARMY CORPS IN THE FIELD.

Units of Army Corps.	Equipped Field Medical and Surgical Panniers (pairs).	"Reserve" Medical and Surgical Panniers (pairs).	"Special" Surgical Panniers (pairs).	Field Medical Companion with Water-bottle.	Surgical Haversack with Water-bottle.	Surgical Bag (for Cavalry).	Field Fracture Boxes.	Pharmacy Waggon.	Surgery Waggon.	Medicine Chest.	Box of Apparatus for Fractures and Dislocations.
Headquarters Staff of Army Corps (1)	1	...	...	1	...	...	...	...	...	...	...
" of each Infantry Division (3)	1	...	...	1	...	...	...	...	...	...	...
" of Cavalry Brigade (1)	...	...	...	1	1	1	...	...	...	...	...
Each regiment of Infantry and Cavalry (27)	1	...	...	1	1	...	...	...	...	...	...
" battery, troop, or detached company (43)	...	...	...	1	1	...	...	...	...	...	...
" bearer company (8)	1	...	...	1	8	...	2	...	*1	...	...
" field hospital (14)	2	2	1	2	2	...	2	*1	...	...	...
Advanced depôt of medical stores (1)	...	6	4	12	24	6	6	...	...	...	...
Each stationary hospital on lines of communication (8)	...	...	...	...	...	...	...	†1	†1	†2	†2
Total for an Army Corps ...	67	34	18	123	187	7	10	...	...	...	...

* Only used when pack or cart transport not employed in front.

† These to be used alternatively, as most convenient and according to the necessities of the campaign.

N.B.—The medical and surgical equipment of base hospitals, and of the depôt of medical stores at the base not referred to in this Table.

APPENDIX No. 70.

(See paragraphs 196, 197, 198, 226, 308, 331, 332, 494.)

CHARGES FOR DAMAGES OR DEFICIENCIES IN HOSPITALS.

(1) Charges against individuals in hospitals for articles lost or damaged, will be preferred at once on the charge being traced by means of the Personal Charge Book (Army Book 51).

(2) The first portion of the book showing the particulars of the charge, together with the first counterfoil attached thereto, will be immediately forwarded by the medical officer in charge to the officer commanding the corps to which the man against whom the charge is preferred belongs.

(3) The counterfoil thus sent will be signed by the officer commanding and returned to the medical officer as soon as possible, who will attach it to the third or final counterfoil in the book.

(4) On the 25th of each month, or oftener if necessary, an abstract, according to the accompanying form, will be forwarded by the medical officer to the Commissariat officer in charge of barracks, to which abstract will be attached the second counterfoil of the book, duly filled up.

(5) At the same time, if possible, an abstract showing general charges for damages and deficiencies against regiments and corps whose sick are treated in hospital, as proportionately assessed by the Royal Engineers and the Commissariat, will also be forwarded to the Commissariat officer in charge of barracks.

Appendix No. 70.

FORM.

ABSTRACT of Personal Charges at Hospital, District, during the month of , 18 .

No. of Counterfoils.	Corps.	Hospital.

I hereby certify that the several personal charge reports have been forwarded to the respective Commanding Officers.

____________________ Medical Officer in charge.

Date ____________________

To Commmissariat Officer in charge of Barracks at .

[redacted]

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